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

Office of Rural Health Policy
Rural Health Network Development Planning Program

Rural Health Network Development Planning Program

Announcement Type: Initial: New
Funding Opportunity Number: HRSA-15-036

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: January 9, 2015

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

Release Date: November 3, 2014

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP) is accepting applications for fiscal year (FY) 2015 Rural Health Network Development Planning Program. The purpose of this grant program is to promote the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Planning Program
Funding Opportunity Number:	HRSA-15-036
Due Date for Applications:	January 9, 2015
Anticipated Total Annual Available Funding:	$1,500,000
Estimated Number and Type of Awards:	Up to 15 grants
Estimated Award Amount:	Up to $100,000 per year
Cost Sharing/Match Required:	No
Project Period:	June 1, 2015- May 31, 2016 (1 year)
Eligible Applicants:	To be eligible an entity must be: - Located in a rural county or eligible rural census tract **and**; - Public and non-profit entities including faith-based and community organizations and tribal organizations/government **and;** - In a network with at least two additional organizations. These two other organizations can be rural, urban, non-profit or for-profit. The network must include three or more health care providers. [See Section III-1 of this FOA for complete eligibility information.]

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

Technical Assistance Webinar
The Office of Rural Health Policy will hold a technical assistance webinar on **Wednesday, December 3, 2014** at 2:00 PM Eastern Time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 800-593-0693, passcode: 15803
URL (for web): **https://hrsa.connectsolutions.com/rhn_devplan/**
(Please enter as a "guest")

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm

Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required.

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 **January 9, 2015**. The phone number to hear the recorded call is 866-441-1048, Passcode: 2315.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the grant guidance and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in applying for the Rural Health Network Development Planning Program plan to listen to the call.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Network Development Planning Grant Program ("Network Planning").

The purpose of the Network Planning program is to assist in the development of an integrated healthcare network, if the network participants do not have a history of formal collaborative efforts. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single providers. The Network Planning program promotes the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The health care system is undergoing a significant amount of change and this can be particularly challenging for small rural providers. The goals of the Network Planning program represent ways to help rural providers better serve their communities given changes taking place in health care, as providers move from focusing on the volume of services to focusing on the value of services. This program brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past under a formal relationship, to work together to establish and improve local capacity and coordination of care. Furthermore, this program supports one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs.

For purposes of this grant program, a rural health network is defined as an organizational arrangement among at least three separately owned regional or local health care providers that come together to develop strategies for improving health services delivery systems in a community. For example, a critical access hospital, a community health center, and a public health department could come together to form a network around a shared purpose. Networks can include a wide range of community partners including social service agencies, faith-based organizations, mental health agencies, charitable organizations, educational institutions, employers, local government agencies or other entities with an interest in a community's health care system.

The passage of the Affordable Care Act has provided opportunities for expanded insurance coverage in rural areas. This law has the potential to positively change the payer mix for rural providers but may also create a surge in demand for the existing range of providers in rural areas. The Affordable Care Act also focuses heavily on improving quality through new incentives in the Medicare program, ranging from avoidable re-admission and hospital-acquired condition penalties for hospitals to value-based reimbursement systems in acute, ambulatory and post-acute reimbursement. There are also new delivery models related to Accountable Care Organizations, Patient-Centered Medical Homes and Payment. At the same time, there is greater consolidation in the health care market through the implementation of the Health Insurance Marketplace, and increasing efforts across payers and employers to focus on health promotion and chronic disease management. The increasing focus on showing value in health care delivery creates incentives to develop regional systems of care that preserve local autonomy for rural communities while also ensuring access to the appropriate continuum of care for the local service population. Each

of the aims listed below offer activities that can help rural providers work together to adapt to the larger changes in the health care delivery system.

Successful applicants can use their one-year grant funds for planning activities that **must** support at least **one** of the specific aims described below:

Aim #1: Achieve efficiencies
The network will focus on identifying ways to achieve better system efficiencies and improve regional and/or local rural health care services. Planning activities may include, but are not limited to:

1. Conducting a community health and/or provider needs assessments at the regional and/or local level:
   - Develop and implement a needs assessment in the community;
   - Identify the most critical need of network partners to ensure their viability;
   - Identify additional potential collaborating network partners in the community/region;
   - Identify workforce issues; or
   - Identify financial resources or gaps available to support services.

2. Conducting a Health Information Technology readiness assessment.

Aim #2: Expand access to, coordinate, and improve the quality of essential health care services
The network will focus on ways to build capacity and a network infrastructure that enables entities to coordinate care and increase access to care for rural communities. Planning activities may include, but are not limited to:

1. Developing a network business and/or operations plan, which could include:
   - A formal memorandum of agreement or understanding (MOA/MOU);
   - A shared mission statement;
   - A network/governance board or some sort of decision making structure;
   - A set of network bylaws;
   - The roles and responsibilities of the network partners; or
   - A business model.

2. Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.

Aim #3: Strengthen the rural health care system as a whole
Network members will focus on ways to enhance community and partner relationships to promote involvement and participation in network planning activities. Planning activities may include, but are not limited to:

1. Identifying ways to encourage cross-organizational collaboration and leadership commitment;
2. Assessing the network's sustainability and viability;

3. Identifying opportunities for the network to better address regional and/or local population health needs; or
4. Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.

Network planning activities that model evidence-based frameworks or models that work are encouraged. HRSA is particularly interested in proposals that emphasize innovation in adapting to a changing health care environment that may serve as a model to other rural communities to better align and coordinate local health care services. We are interested in proposals that show creative approaches in re-organizing health care delivery in rural communities to adapt to the emerging challenges and realities in the larger health care environment.

Management Criteria
The lead applicant, also known as the grantee of record, must have financial management systems in place and must have the capability to manage the grant. The applicant organization must:
- Exercise administrative and programmatic direction over grant-funded activities;
- Be responsible for hiring and managing the grant-funded staff;
- Demonstrate the administrative and accounting capabilities to manage the grant funds;
- Have at least one permanent staff at the time a grant award is made; and
- Have an Employer Identification Number (EIN) from the Internal Revenue Service.

2. Background

This program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c(f), as amended, to expand delivery of health care services in rural areas, for the planning of integrated health care networks in rural areas.

The realities of rural health care delivery such as a limited provider base, financial viability challenges, and higher rates of chronic disease pose as barriers for rural health care providers in delivering optimal care and for communities in accessing quality and coordinated care. These realities exist against the backdrop of ongoing challenges related to the economic viability of some existing low-volume health providers in rural communities. Some rural communities may be dealing with how best to meet local health care need, particularly in those rural communities that may be too small to support a full-service hospital but need more than an ambulatory clinic or a nursing home.

Planning Networks can provide an opportunity to address a broad range of challenges, unique to rural communities, by bringing together rural providers and other community organizations. Networks can help address local health problems in an environment where its members focus their efforts in pursuing mutual goals that benefit the community at large, while also developing ways to improve efficiencies in the current health care system. In addition, planning networks can collaborate with their consortium members and other organizations to specifically employ and tailor activities such as Health Insurance Marketplace outreach and enrollment efforts to the uninsured population in rural communities. They are also able to help educate the newly insured rural Americans about the health insurance coverage and care to which they now have access.

A successful and sustainable network is built upon a strong infrastructure that requires planning and continuous development along with effective leadership. As a result, the Office of Rural

Health Policy (ORHP) created this program to help organizations build the capacity to plan and develop their network. It is expected that over the course of the year, the network and its members will, at a minimum, take steps in creating a strong network infrastructure by addressing and overcoming organizational barriers and conflicts amongst network members and ensuring strong leadership is present. It is expected that the network will develop a strategic plan and conduct a self-assessment so that network members can use the information to help identify areas of strengths and areas for improvement as they move forward with their network activities beyond federal funding. Laying out a careful strategic plan that articulates where an organization wants to go is a critical first step to getting there.

While this grant provides one-year funding, ORHP envisions that these networks will work towards becoming operational and sustainable beyond the one year and achieving long-term outcomes such as: network sharing services, enhancing service coordination and integration, and having a viable business model. The long-term impact of this program will help organizations achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system as a whole. At the conclusion of this one-year grant, grantees will be expected to report on various process and outcome measures as well as fulfill other grant reporting requirements.

To view the abstracts of previous Network Planning grant recipients, visit "Find Grantees" at http://www.hrsa.gov/ruralhealth/about/community/rhnetworkplanning.html.

II. Award Information

1. Type of Award
Type(s) of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding
This program will provide funding during Federal fiscal year 2015. Approximately $1,500,000 is expected to be available annually to fund fifteen (15) awardees. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to $100,000 per year. The project period is one (1) year.

III. Eligibility Information

1. Eligible Applicants

A) Eligibility and Geographic Requirements:
   i. The lead applicant organization must be a rural non-profit or rural public entity that represents a consortium/network of three or more health care providers. Federally-recognized tribal entities are eligible to apply as long as they are located in a rural area. The applicant organization must be located in a non-metropolitan county or in a rural

census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract.

If the applicant organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management, and decision making of the project, and the urban parent organization must assure the ORHP in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 10**.

To ascertain rural eligibility, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx. This webpage allows potential applicants to search by county or street address and determine their rural eligibility. The applicant organization's county name must be entered on the SF-424 Box 8, Section d. address. If the applicant is eligible by census tract the census tract number must also be included next to the county name.

ii. In addition to the 50 States, applicants can be located in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

iii. Faith-based and community-based organizations are eligible to apply for these funds. For-profit or urban based organizations are <u>not</u> eligible to be the lead applicant but can participate in the network.

iv. One of the following documents must be included in **Attachment 1** to prove non-profit status

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS Tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent, a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- If the applicant organization is a public entity, proof of non-profit status is not necessary. However, the applicant organization must identify themselves as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (Applicants may include supplemental information such as documentation of the law that created the organization or documentation showing

that the State or a political subdivision of the State controls the organization.) Tribal government entities should verify their Federally-recognized status via the Bureau of Indian Affairs website: http://www.bia.gov.

- If the applicant has been previously awarded a grant from HRSA and their name has changed, a copy of both the organization's current by-laws and the IRS letter with the new organization name must be submitted.

Applications from organizations that do not meet the above criteria will not be considered under this funding opportunity announcement.

B) Network Requirements

The Rural Health Network Development Planning Program requires the establishment of a network. The networks must be composed of at least three separately owned health care providers that may be nonprofit or for-profit entities. The lead applicant organization along with each network member must have **separate and different** Employer Identification Numbers (EIN) and have active SAM registration.

The network can be a horizontal network (composed of the same type of organization, i.e., hospitals or clinics), or a vertical network (composed of different types of organizations, i.e., a critical access hospital and a rural health clinic and a community health center). The network members may be for-profit or non-profit and may be in a rural or urban area. The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the network. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity.

Existing networks that seek to expand services or expand their service area are not eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before under a formal relationship are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

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

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

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

an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

4. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If the lead applicant organization has a history of receiving funds under the ORHP Rural Health Network Development grant or Rural Health Network Planning grant, they must propose a project which is different from what was previously funded <u>and</u> have two new network members. Abstracts from previous Rural Health Network Development and/or Rural Health Network Planning awards must be submitted in **Attachment 11**.

Notifying your State Office of Rural Health
Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs can be accessed http://nosorh.org/nosorh-members/nosorh-members-browse-by-state/. Applicants must include in **Attachment 2** a copy of the letter or email sent to the SORH, and any response received to the letter (including an exempt response), that was submitted to the SORH describing their project.

Each State has a SORH, and the ORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the State Office of Rural Health at least three weeks in advance of the due date and as feasible provide the State Office of Rural Health a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the support.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

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

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

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide.*

ii. *Project Narrative*

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

In applying for this funding, the applicant needs to explain how their proposal incorporates elements of health care redesign, with a focus on transforming the health care delivery into a patient and value-driven system. This includes, but is not limited to, supporting the current healthcare landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 (Need)*
  This section should briefly describe the purpose of the proposed project. It should summarize the project's goals, expected outcomes, and the aim(s) the project will support. Applicants should briefly describe the planning activities it will conduct to help build the network's infrastructure.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 (Need)*
  This section outlines the perceived needs of the community and how the network will help address those unmet needs. This section should help reviewers understand the rural community and how the network will help serve the community.

  The following items must be addressed within the needs assessment:

  1. The target population and its unmet health needs must be described and documented in this section as well as socio-cultural determinants of health and health disparities impacting the population or communities. Demographic data should be used and cited whenever possible to support the information provided and describe the need for creating a network. Please list the areas of impact in **Attachment 3**.
  2. Explain how a network planning grant would address the unmet needs. The applicant is expected to describe the health care service environment in which the network will be developed and demonstrate why federal funds are appropriate at this time.
  3. A map that shows the location of network members, the geographic area that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities should be included. Please include the map as **Attachment 4**. *Note:* Maps should be legible and in black and white. Color maps will not copy well and will not be helpful for the reviewers.
  4. Identify the potential barriers and challenges in forming the network and implementing the network activities along with possible solutions to address the barriers.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*
  This section describes proposed methods that will be used to address the stated needs and to meet each of the previously-described program requirements and expectations in this funding opportunity announcement.

  The following items must be addressed within the methodology section:

1. Describe how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network. The application should identify new services that could result as an outcome of planning for the integration and coordination of activities carried out by the network.
2. Describe the potential level of impact of the network's services on the providers in the service area that are not network members.
3. Identify the proposed goals and objectives of the project and include a coherent strategy to carry out the grant-funded activities to reach the proposed goals. Indicate which aim(s) your planning activities will support. *Note:* If a needs assessment has not been completed in your community within the past 5 years, it is strongly encouraged that a community health needs assessment be included as one of the process goals for completion during the project period.
4. Include information on how the network members were identified for inclusion in the network, the expertise of each network member, and the desired working relationship among the members, i.e., reduction of ownership issues, improving communication strategies, reducing duplicate services, etc. Each network member should have an identified role in the project. Include a description of any previous collaboration among the network partners.
5. Explain all of the expected outcomes this project will accomplish by the end of the project period. Proposed activities could include:
   - Complete a community or provider needs assessment;
   - Complete organizational development activities, i.e., creating a formal MOA/MOU, establishing by-laws, board development, etc.; and
   - Develop a business, or operational plan, and a timeline for its completion.
6. The applicant should identify factors and propose a plan that will lead to the network's sustainability after Federal funding ends. The applicant should discuss the network and community benefits if the network is successful.
   Factors/benefits could include:
   - Network Member contributions, both monetary and in-kind;
   - Shared purchasing;
   - Shared personnel;
   - Collaborative service delivery;
   - The application should identify the potential for the project to be replicated in other rural areas, if applicable; and
   - Potential future partners and the strategies to identify how they will be chosen. There should also be a short discussion on what these potential partners will bring to the project and why they were not included in the original network.
7. Identify how communication will flow between network members, and address how the network partners will resolve differences in executing the project and issues, should they arise.
8. Describe the potential financial impact on network members (i.e. cost sharing).
9. Describe the process for how the network will engage in strategic planning in order to develop the strategic plan.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*
  This section describes the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff during the course of the project period.

  Applicants should describe a clear and coherent work plan that is aligned with the network's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network's goals, strategies, activities and measurable process and outcome measures in **Attachment 5**. The work plan must outline the individual or organization responsible for carrying out each activity and reflect a timeline for completion of such activity.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (Response)*
  This section discusses challenges that are likely to be encountered in designing and implementing the activities described in the work plan. Describe the challenges in the work plan and include approaches to resolve the challenges. Describe how network activities will be communicated and integrated into individual network members' organizational activities to the extent this is appropriate.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 (Evaluative Measures) and #5 (Resources/Capabilities)*
  This section describes how progress toward meeting grant-funded goals will be tracked, measured, and evaluated. Describe how project goals will be tracked, measured, and evaluated. Any assumptions made in developing the project matrix/work plan and the anticipated outputs and outcomes of grant-funded activities should be explained. Both outcome and process measures may be used to assess the progress of efforts.

  Discuss ongoing quality assurance/quality improvement strategies that will allow for the early detection and modification of ineffective strategies. The applicant should also describe how it will conduct a network self-assessment in relation to its proposed project goals and outcomes and how it will use that information to help inform the network's quality improvement strategy and sustainability beyond federal funding.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 (Resources/Capabilities) and #6 (Support Requested)*
  This section describes the abilities and contributions of the applicant organization and the network members. Provide a brief overview of the lead applicant organization that includes information such as their mission, structure, and current primary activities. The lead applicant should describe its ability to manage the grant project and personnel. It should also identify and describe financial practices and systems that assure that the applicant organization has financial resources to manage Federal funds. Include documentation that the lead applicant is a non-profit or public entity (**Attachment 1**).

  State whether the applicant has a network director in place, or an interim director. If the network has an interim director, discuss the process and timeline for hiring a permanent network director for this grant. The network director may also be the project director. The project director must be identified on the Abstract, as well as key personnel. Include

information on the individual who will serve as the network director (or interim) and will be responsible for project monitoring and ensuring the grant activities are carried out. It is preferable, but not required, that the proposed network identifies a permanent director prior to receiving grant funds. Provide evidence that the Network Director will allot at least 25 percent of their time to the project and has management experience involving multiple organizational arrangements. The applicant organization should have at least one paid full-time staff employed at the time of application.

Include a description of the roles of key personnel and how their roles relate to the network and the network project. Key personnel are individuals who are funded by this grant or person(s) conducting activities central to this grant program (**Attachment 6**). Describe how the participants are ready to integrate their functions. The applicant should describe the developmental stage of the network, extent of prior collaboration among network members and strategies for further development and maturation of the network. Provide information on each of the network members. A table may be used to present the following information on each network member: the organization name, address, primary contact person, current role in the community/region, and **Employer Identification Number (EIN) (must be provided for each network member).** This should be included in **Attachment 8.** Letters of commitment should be provided from each network member. These are to be included in **Attachment 9**.

Outline the roles and responsibilities within the network for each network member while addressing the capacity to carry out program goals. Describe the relationship between the applicant and the other network members. Explain why each of the network members are appropriate and what expertise they bring to the network. Describe how the members will contribute to conduct the program requirements and meet program expectations.

Provide a one page organizational chart of the network that depicts the relationship between the network members and includes the network governing board. This should be included in **Attachment 8**.

Describe the relationship of the network with the community/region it serves. If appropriate, describe the extent to which the network and/or its members engage the community in its planning and functions.

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

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. In addition, because the primary purpose of this grant is to fund planning activities, we strongly recommend that applicants adhere to the following budget considerations:

Travel: Please allocate travel funds for one program staff to attend a 1 day technical assistance workshop at a location to be determined and include the cost in this budget line item.

Equipment: Based on historical data gathered from prior grant cycles, equipment costs for this program have averaged 5% of the total amount awarded. Accordingly, equipment costs which exceed 5% of the total award amount will generally be considered unreasonable and therefore not allowable (see the definition of Equipment in Section VIII. Other Information.

Legal Costs: Based on historical data gathered from prior grant cycles, legal costs for this program have averaged 15% of the total award amount. Accordingly, legal costs which exceed 15% of the total award amount will generally be considered unreasonable and therefore not allowable. Legal costs include services and activities such as: consults, 501 c 3 application preparation, articles of incorporation and by-laws development.

Other: Because, as noted above, the purpose of this grant is to fund planning activities, applications that propose to use grant funds to pay for the direct provision of clinical health services will be deemed unresponsive.

Please refer to the HHS Grants Policy Statement and the applicable Cost Principles for further information on allowable and unallowable costs.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.". Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv.   *Budget Justification Narrative*
See Section 4.1.v. of HRSA's *SF-424 Application Guide*. In addition, the Rural Health Network Development Planning program requires the following:

Please provide a budget narrative justification 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. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

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

Attachment 1: *Proof of Non-Profit Status (Not counted in the page limit)*
One of the following documents must be included in this section to prove non-profit status
- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS Tax exemption certificate;

- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter; and if owned by an urban parent a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- If the applicant organization is a public entity, proof of non-profit status is not necessary. The applicant organization must, however, identify themselves as a public entity and submit an official signed letter on city, county, state or tribal government letterhead in **Attachment 1**. (Applicants may include supplemental information such as documentation of the law that created the organization or documentation showing that the State or a political subdivision of the State controls the organization.) Tribal government entities should verify their Federally-recognized status via the Bureau of Indian Affairs website: http://www.bia.gov.

Attachment 2: Required documentation from State Office of Rural Health
All applicants are required to notify their State Office of Rural Health (SORH) early in the application process to advise them of their intent to apply. The SORH can often provide technical assistance to applicants. Please include a copy of the SORH's response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply.

Attachment 3: Areas of Impact
Include a list of the areas, counties and cities that will be impacted by this project. If an organization is located in a rural census tract of an urban county, the rural census tract must be identified here as well as the county and census tracts of the network partners.

Attachment 4: Map of service area.
Include a map that clearly shows the location of network members, the geographic area that will be served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed planning activities.

Attachment 5: Work Plan
Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

The work plan should be presented in a matrix that illustrates the network's goals, strategies, activities, and measurable process and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the project period.

Attachment 6: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the HRSA's SF-424 Application Guide)
Provide a staffing plan that discusses the staffing requirements necessary to run the network, and specifically to accomplish the proposed network planning project. Include the qualification levels for the project staff and rationale for the amount of time that is

requested for each staff position. Staffing needs should be explained and should have a direct link to activities proposed in the project narrative and budget portion of the application.

Provide the job descriptions for key personnel listed in the application. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. For the purposes of this grant application, key personnel are individuals who are funded by this grant or person(s) conducting activities central to this grant program.

Attachment 7: *Biographical Sketches of Key Personnel*
Provide biographical sketches for persons occupying the key positions described in **Attachment 6** (each sketch should not exceed two pages in length). In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. If the Project Director (PD) serves as a PD for other federal grants, please list the federal grants as well as the percent FTE for that respective federal grant.

Attachment 8: *Network Organizational Chart and Network Member Information.*
Provide a one-page organizational chart for the proposed network identifying how decisions will be made and communication will flow. Also in this section provide a list of all network members that includes: the organization's name and type (i.e., community health center, hospital, health department, etc.); the name of the key person from the organization that will be working on the grant; organization contact information; anticipated responsibility in the project; current role in the health care system; and the Employee ID Number (EIN). If a network member is serving as the lead applicant on behalf of the network, they must also include a one-page organizational chart of the lead applicant organization.

Attachment 9: *Letters of Commitment*
Insert here a scanned, signed copy of a letter of commitment from each of the proposed network members. Letters of commitment must identify what the organization's roles and responsibilities in the project will be, what activities they will be included in, and how that organization's expertise is pertinent to the network being developed. The letter must indicate understanding of the benefits that the network will bring to the members and to the community encompassed by the network (service area). The letter must also include a statement indicating that the proposed partner understands that the grant funds will be used for the development of a health care network and are not to be used for the exclusive benefit of any one network partner.

In place of individual letters, the applicants can also insert a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) describing the responsibilities and roles each organization will be responsible for in the project. The MOA/MOU should be signed by each network partner and scanned for insertion.

Attachment 10: *Letter from Urban Parent Organization*
If the applicant organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant

funds in the rural area. The rural entity must be responsible for the planning, program management, financial management, and decision making of the project, and the urban parent organization must assure the ORHP in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. If applicable, a letter stating this should be submitted in this attachment.

Attachment 11: Previous Grants
If the lead applicant organization has received a Rural Health Network Development and/or Rural Health Network Planning grant from the Office of Rural Health Policy in the past, the Grant Number and the abstract from the previous grant should be included here.

Attachment 12: Request for a Funding Preference
If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. For further information on funding preferences and the required documentation, please refer to Section V.2.

Attachments 13 – 15: Other Relevant Documents (Optional)
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is *January 9, 2015 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

4. Intergovernmental Review

Rural Health Network Development Planning program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to ONE (1) year, at no more than $100,000 per year.

Funds under this announcement may not be used for the following purposes:
- To build or acquire real property;
- For construction

Because, as noted above, the purpose of this grant is to fund planning activities, applications that propose to use grant funds to pay for the direct provision of clinical health services will be deemed unresponsive

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

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

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The *Rural Health Network Development Planning program* has *six (6)* review criteria:

CRITERION	Number of Points
1. Need	20
2. Response	25
3. Evaluative Measures	15
4. Impact	15
5. Resources/Capabilities	15
6. Support Requested	10
TOTAL POINTS	100

Criterion 1: NEED (20 points)
Items under this criterion address the Introduction and Needs Assessment sections of the Project Narrative.

1. The extent to which the application clearly describes the problem, local/regional health care environment and how a network planning grant would meet the identified need(s).

2. The extent to which the application clearly describes the health care service environment in which the network will be developed and includes appropriate data sources (local, Tribal, State, Federal) in the analysis of the environment in which the network is functioning.
    a. The application supports the need for the proposed project by identifying the population of the service area and using demographic data whenever appropriate. The extent to which the application documents the unmet health needs/problems in the service area that the collaborating network proposes to address or identifies plans to perform a community-health needs-assessment to identify the needs; or,
    b. If applicable, the extent to which the application identifies the needs of the area health care providers such as personnel, service delivery needs, shared resources, etc. In this case, the application includes information on the population in relation to these health provider factors.
3. The recognition of new and emerging challenges facing rural communities.
4. The extent to which the applicant documents the relevant barriers that it hopes to overcome including:
    a. Any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce, or other barrier(s) that prohibit access to health care in the target community.
    b. Any anticipated linguistic, social, or religious barriers to health care of the target population.

Criterion 2: RESPONSE (25 points)
Items under this criterion address the Methodology, Work Plan, and Resolution of Challenges sections of the Project Narrative.

1. The clarity and appropriateness of the proposed goals and objectives and the aim(s) the activities are supporting, and the extent to which project activities would result in achieving the proposed goals.
2. The degree to which the applicant network is addressing a unique and innovative approach to addressing new and emerging challenges facing rural communities in the changing health care environment particularly in how it relates to re-organizing health care delivery to make the transition to a health care environment that emphasizes value, quality and efficiency.
3. The extent to which the application identifies the expertise and capacity of each proposed member and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 8**).
4. The strength of the expected outcomes and the explanation of how grant funds will be used to accomplish tasks associated with the outcomes.
5. The strength of the proposed flow of network communications and evidence that communication will be used to resolve differences in executing the project and addressing issues should they arise.
6. The extent to which the network provides clear examples and strategies on how the project will strengthen the area health providers' ability to improve access to health care and serve the community.
7. The extent to which the applicant clearly demonstrates how the network will strengthen their network infrastructure and capacity.
8. The extent to which the applicant clearly demonstrates how the network will develop its strategic plan based on the proposed grant-funded activities.

Models That Work
If applicable, the appropriateness of the models used in relation to the proposed project.

Criterion 3: EVALUATIVE MEASURES (15 points)
Items under this criterion address the Evaluation and Technical Support Capacity section of the Project Narrative.

1. The effectiveness of the methodology proposed to monitor and evaluate the project.
2. The extent to which the process and outcome measures are able to be tracked and assess whether the program objectives will be met and the extent to which these can be attributed to the project.
3. The clarity and appropriateness in which the network plans to conduct a self-assessment and use the information to inform its quality improvement strategies.
4. The strength of proposed ongoing quality assurance/quality improvement strategies that will allow the early identification and modification of ineffective strategies.

Criterion 4: IMPACT (15 points)
Items under this criterion address the Methodology and Work Plan section of the Project Narrative.

1. The feasibility of the work plan that outlines the goals, objectives/strategies, activities, measurable outcomes and process measures, and includes the person or organization responsible for carrying out each activity and an anticipated timeframe (see **Attachment 5**).
2. The degree to which project activities are replicable and sustainable beyond Federal funding.
3. The potential level of impact of the network's services on the providers that are not members of the network in the service area.
4. The potential financial impact on the network members, i.e., cost sharing, joint purchasing, personnel sharing, etc.
5. The extent to which the network will impact their rural community and providers
6. The extent to which the network will strengthen its relationship with the community/region it serves.
7. The extent to which the applicant clearly describes the network's sustainability efforts as indicated by:
    i. Reasonableness of evidence that the provider collaboration will increase their viability and ability to serve the needs of the community beyond the project period.
    ii. Feasibility of network support to include:
        1. Network Member contributions, both monetary and in-kind
        2. Shared purchasing
        3. Shared personnel
        4. Collaborative service delivery

Criterion 5: RESOURCES/CAPABILITIES (15 points)
Items under this criterion address the Evaluation and Technical Support Capacity and Organizational Information sections of the Project Narrative.

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet grant program and financial requirements.
2. Clarity of the roles and responsibilities, within the network, of each network member. The extent to which the network members demonstrate the strength of their mutual commitment in carrying out the planning activities.
3. The strength and appropriateness of the plans for development of a decision making board that consists primarily of representatives of the proposed network member organizations to ensure that the governing body, rather than an individual network member, makes the financial and programmatic decisions relating to the network and the network's activities.
4. Strength and qualifications of the network director (or the individual who will serve as the interim director) who will be responsible for monitoring the project and ensuring grant activities are carried out. If the network has an interim director, the timeliness and feasibility of the process for hiring a director. The effectiveness of the application in clearly demonstrating how the network director's role contributes to the success of the network and how it will contribute to the planning activities.
5. The adequacy of time devoted to the project, by network members, to achieve project objectives and the degree to which participants are ready to integrate their functions.
6. The extent to which the application provides sufficient information on potential future partners and what strategies have been developed for choosing them as well as what these potential partners will bring to the project.

Criterion 6: SUPPORT REQUESTED (10 points)
Items under this criterion address Section IV's Budget, Budget Justification Narrative, and Organizational Information

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the proposed budget is reasonable in relation to legal services and activities.
3. The extent to which the budget justification logically and clearly documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities.
4. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 Application Guide*. Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.]

Funding Preferences
The authorizing legislation (Section 330A(h) of the Public Health Service Act (42 U.S.C. 254c(f)))) provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective

Review Committee. The law provides that a funding preference be granted to any qualified lead applicant that specifically requests the preference and meets the criteria for the preference as follows:

Qualification 1: Health Professional Shortage Area (HPSA)
An applicant can request this funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a HPSA: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)
An applicant can request this funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants should include a screenshot or printout from the HRSA Shortage Designation website which indicates if a particular address is located in a MUC or serves an MUP: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx.

Qualification 3: Focus on primary care and wellness and prevention strategies.
An applicant can request this funding preference if their project focuses on primary care and wellness and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualification is being met in the **Project Abstract.** See page 36 of the HRSA SF-424 Application Guide. ORHP highly recommends that the applicant include this language: "***Applicant's organization name*** *is requesting a funding preference based on **qualification X**. County Y is in a designated HPSA."*

If a funding preference is requested, documentation of funding preference must be placed in **Attachment 12**. (Please label documentation as "Proof of Funding Preference Designation/Eligibility".) If the applicant does not provide appropriate documentation in **Attachment 12**, the applicant will not receive the funding preference.

Applicants only have to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position.

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of June 1, 2015. See section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

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

1) **Performance Measures Report.** A performance measures report is required after the end of the budget period in the Performance Improvement Measurement System (PIMS). Upon award, grantees will be notified of specific performance measures required for reporting.

2) **Self-Assessment.** An informal self-assessment report is required after the end of the project period in the Electronic Handbooks (EHB). Self-assessments are designed to assist formative, evolving and mature networks in assessing their current local and/or regional network capacity. The tool, to be used as a guide, is intended for a team of network members to use during the establishment of local or regional networks and when reviewing their current work by identifying network strengths as well as areas needing improvement. Further information will be provided upon receipt of the award.

3) **Strategic Plan.** A strategic plan is required after the end of the project period in the Electronic Handbooks (EHB). The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.

VII. Agency Contacts

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

Nancy Gaines, Grants Management Specialist
Attn.: HRSA Division of Grants Management Operations, OFAM
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5382
Fax: (301) 594-4073
Email: Ngaines@hrsa.gov

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

Amber Berrian, MPH
Public Health Analyst

Attn: Rural Health Network Development Planning Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 17W25D
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0835
Fax: (301) 443-2803
Email: aberrian@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

1. Technical Assistance Webinar

The Office of Rural Health Policy will hold a technical assistance webinar on **Wednesday, December 3, 2014** at 2:00 PM Eastern Time to assist applicants in preparing their applications.

The Adobe Connect webinar and call-in information is as follows:

Conference line (for audio): 800-593-0693, passcode: 15803
URL (for web): **https://hrsa.connectsolutions.com/rhn_devplan/**
(Please enter as a "guest")

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm

Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required.

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 **January 9, 2015**. The phone number to hear the recorded call is 866-441-1048, Passcode: 2315.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the grant guidance and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in applying for the Rural Health Network Development Planning Program plan to listen to the call.

2. Pre-Application Planning Advice

a. Successful applicants have shared that an effective strategy in their pre-application planning process was to involve all parties having a stake in their project. The Office of Rural Health Policy urges significant community involvement in the project from the very beginning. Applicant organizations should work closely with community representatives and organizations that will be affected by the projects or involved with its implementation. Community involvement can be accomplished through the use of town meetings, focus groups, surveys, and other appropriate techniques.

This engagement will help identify and reach consensus on community needs that will be addressed by the project. Community representatives and participating organizations should also be involved in setting the specific goals for the grant program and in decisions on the allocation of grant resources. Applicants can conduct a formal needs assessment in their communities or can rely on assessments conducted by others. If a formal needs assessment has not been conducted, applicants can demonstrate community needs through the use of demographic data for their community or region, State and national data, and other appropriate information.

b. Projects that bring together multiple sources of support are encouraged. If other funding sources are available or anticipated (e.g. Federal, State, philanthropic, etc.), it will strengthen the sustainability of the project. The Office of Rural Health Policy is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.

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

d. Applicants that put off planning, consensus building and sign-off by appropriate consortium members until close to the application deadline may risk the appearance, in the final application, that the project does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Please make sure the community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.

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

3. Common Definitions

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

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

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

Formative: A formative network is in the start-up phase of becoming organized and typically has been in operation for less than two years. Usually the impetus for organizations to form a network is to address a particular problem faced within a community. A formative network typically focuses on program and strategic planning, formalizes relationships among the network participants, and develops a strategic plan including performance measures and financial sustainability strategies. Prior collaboration is not required for network members.

Evolving: An evolving network typically has worked together for at least two or three years, may have begun to develop shared services, or developed joint community-based initiatives, and may have begun to integrate functions such as joint purchasing, information systems, and shared staffing.

Mature: A mature network consists of network members that have extensive collaborative experience with each other. The network has skilled and experienced staff as well as a highly functioning network board and typically offers integrated products and services. It may engage in common resource planning and bring in revenue from diverse sources, thereby enabling it to build capital reserves and be financially self-sufficient.

Equipment - Tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of $5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less.

Grantee - A nonprofit or public entity or Tribal government or Tribal organization to which a grant is awarded and which is responsible and accountable for the use of the funds provided and for the performance of the grant-supported project or activity.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession

schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, Tribal health programs, churches, and civic organizations that are/will be providing health related services.

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

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

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

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

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

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

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

Project - All proposed activities specified in a grant applicant as approved for funding.

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

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

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

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

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

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

4. Useful Web Sites

Several sources offer data and information that will help you in preparing the applicant. Applicants are especially encouraged to review the reference materials available at the following websites:

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

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

c. **Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health**
   Reference material available at the website, which includes:
   o   Principles of Rural Health Network Development and Management
   o   Strategic Planning for Rural Health Networks
   o   Rural Health Network Profile Tool
   o   The Science and Art of Business Planning for Rural Health Networks
   o   Shared Services: The Foundation of Collaboration
   o   Formal Rural Health Networks: A Legal Primer
   Website: **http://www.academyhealth.org** (click on search and enter rural health network)

d. **The Rural Assistance Center (RAC)**
   The RAC is a national resource for rural health and human services information. This Center serves as a single-point-of-entry for rural Americans.
   Website: **http://www.raconline.org**

e. Health Resources and Services Administration
   Offers links to helpful data sources including State Health Department sites, which often offer data.
   Website: **http://www.hrsa.gov**

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

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

h. Maternal and Child Health Data System
   Offers data by State on services to women and children.
   Website: **https://mchdata.hrsa.gov/tvisreports/ProgramData/ProgramMenu.aspx**

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

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

IX. Tips for Writing a Strong Application

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