



Health Resources & Services Administration

Office for the Advancement of Telehealth (OAT)

Notice of Funding Opportunity

**Application due April 15, 2025**

# Telehealth Rapid Response Center (HRSA-25-044) and Telehealth Research Center (HRSA-25-045)








Opportunity number: HRSA-25-044 and HRSA-25-045

**Modified on**  
**1/28/25**

Updated TA  
Webinar  
information



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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

## **SAM.gov registration (this can take several weeks)**

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

## **Grants.gov registration (this can take several days)**

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on April 15, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



# Step 1:

# Review the Opportunity

## In this step

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# Basic Information

## Health Resources and Services Administration (HRSA)

Office for the Advancement of Telehealth (OAT)

Policy and Research Team

## Summary

The Health Resources and Services Administration (HRSA) is accepting FY2025 applications for the Telehealth Rapid Response Center (HRSA-25-044) and the Telehealth Research Center (HRSA-25-045).

This funding opportunity aims to support activities to expand the evidence base to inform policy and programs for telehealth services in underserved populations in the United States.

The two announcements under this funding opportunity are as follows:

- **The Telehealth Rapid Response Center (HRSA-25-044)** will conduct rapid telehealth data analyses and short-term, issue-specific telehealth research studies to provide stakeholders and the public with resources to understand the impact of telehealth policies and regulations. It will also provide information to improve telehealth access for underserved populations in the United States.
- **The Telehealth Research Center (HRSA-25-045)** will conduct clinically informed and policy-relevant health services research to expand the evidence base for telehealth services.

## Funding details

**Application types:** New, Competing Continuation

**Expected total available funding in FY2025:**

- \$950,000 for HRSA-25-044
- \$950,000 for HRSA-25-045

**Expected number and type of awards:** 1 cooperative agreement per funding announcement.

**Funding range per award:**

- \$950,000 cooperative agreement for HRSA-25-044
- \$950,000 cooperative agreement for HRSA-25-045

We plan to fund awards in five 12-month budget periods for a total 5-year period of performance from September 1, 2025, to August 31, 2030.



Have questions?  
Go to [Contacts](#) and [Support](#).

## Key facts

**Opportunity name:**

Telehealth Rapid Response Center (HRSA-25-044) and Telehealth Research Center (HRSA-25-045)

**Opportunity number:**

HRSA-25-044 and HRSA-25-045

**Announcement version:**

Modification #1

**Federal Assistance Listing**

**Number:** 93.211

**Statutory authority:**

[42 U.S.C. § 254c -14](#) (§ 330I of the Public Health Service Act)

## Key dates

**NOFO issue date:** January 17, 2025

**Informational webinar:**

[See Webinar Section](#)

**Application deadline:** April 15, 2025

**Expected award date is by:** August 1, 2025

**Expected start date:**

September 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations. This NOFO is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this NOFO may be modified based on the availability and amount of appropriations.

# Eligibility

## Who can apply

All domestic\* public or private, non-profit, and for-profit entities are eligible to apply.

## Types of eligible organizations

These types of domestic\* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without a 501(c)(3) IRS status
- For-profit organizations, including small businesses
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Independent school districts
- Native American tribal governments
- Native American tribal organizations

\*“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

**Individuals are not eligible applicants under this NOFO.**

## Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

## Application limits

You may not submit more than one application per announcement number. If you submit more than one application per announcement number, we will only accept the last on-time submission.

## Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through [reporting](#).



# Program description

## Purpose

This notice announces the opportunity to apply for funding for the **Telehealth Rapid Response Center** (HRSA-25-044) and the **Telehealth Research Center** (HRSA-25-045). The purpose of this program is to fund research that expands the evidence base to inform policy and programs for telehealth services in underserved populations in the United States.

The research supported through this program will inform providers, policymakers, and telehealth stakeholders on the latest trends and data impacting telehealth disparities and access, telehealth providers, flexibilities for telehealth care, and continued services for telehealth utilization in various specialties and via different modalities.

We will award one cooperative agreement for each of the following opportunities:

- **The Telehealth Rapid Response Center funded under HRSA-25-044** is responsible for conducting rapid data analyses and short-term issue-specific telehealth research studies. It will provide stakeholders and the public with resources to understand the impact of telehealth policies and regulations as well as provide information that will improve telehealth access to underserved populations in the United States.
- **The Telehealth Research Center funded under HRSA-25-045** is responsible for conducting clinically informed and evidence-based research. The Telehealth Research Center plays a key role in helping to expand the evidence base for telehealth services and address gaps in knowledge for effectiveness, costs, and delivery, including the use of telehealth technology. This center will also conduct and maintain a comprehensive evaluation of nationwide telehealth investments in rural and underserved areas and populations. This research will help health providers and decision-makers at the local, state and federal levels by examining the impact of telehealth services in rural and underserved communities on access to health care, population health/health indicator, health care spending (both for payers and for the patients receiving the services), quality of care, value-based care, and clinical delivery of care.

**You must apply to the correct opportunity number.**

**IMPORTANT:** If you are applying for both opportunities, you must submit a separate application for each.

# Background

HRSA's Office for the Advancement of Telehealth (OAT) supports the advancement of telehealth by improving access to quality health care through integrated telehealth services.

The office plays a key role in advising HRSA, the U.S. Department of Health and Human Services (HHS), policymakers, and other telehealth stakeholders on a range of telehealth topics. This effort includes managing **Telehealth.hhs.gov** on behalf of HHS and keeping it updated with the most relevant information and resources for stakeholders as telehealth becomes more integrated into health care.

This notice provides funding for recipients to respond to emerging topics as telehealth continues to evolve and promptly provide critical information to patients, providers, policymakers, researchers, and other stakeholders.

## Program requirements and expectations

### Telehealth Rapid Response Center

**The Telehealth Rapid Response Center funded under HRSA-25-044 will:**

- Produce at least 4 high-quality studies each award year on an expedited time frame (for example, 1 to 3 months) for current and emerging telehealth issues for various audiences, and that cannot be accommodated by the Telehealth Research Center.
- Have access to and maintain a repository of national data sets that include telehealth and telehealth-related variables, such as remote patient monitoring. These datasets will be current, cleaned, and geocoded. They include, but are not limited to, HHS data from the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS) (for example, Medicare and Medicaid files), and HRSA, as well as health care professional association data sets. You will be expected to share access to data sources for any data used to produce final deliverables with your OAT project officer.
- Staff a rapid response data analysis team capable of responding, within 5 to 10 business days, to an estimated 1 to 2 data analysis requests per month from telehealth stakeholders. Compile, analyze, and evaluate data to enhance knowledge about the impact of national telehealth care policies.
- Share data analyses and short-term, issue-specific research briefs for HRSA review by work plan guidelines.
- Respond to the OAT Research Coordinator's comments, questions, and requests within 5 to 10 business days.

- Design and implement strategies to distribute rapid response and issue-specific research products to multiple audiences interested in telehealth issues.
- Distribute research findings as a tool to inform the public, including national, state, and local policymakers, state-based entities, or individual safety-net health care providers. Dissemination products may include policy briefs, invited presentations, responses to inquiries from health policy programs and health policy researchers, webinars, presentations at national, regional, state, and local conferences, the telehealth.hhs.gov website, and other appropriate vehicles for sharing rigorous, policy-oriented research.
- Respond to other data requests to help telehealth stakeholders find and use existing research and analysis products. Requests may be a variety of products that may include short reports, memoranda, tables, or other products.

## Telehealth Research Center

### The Telehealth Research Center funded under HRSA-25-045 will:

- Conduct five clinically informed and policy-relevant health services research projects, each over a 1-year period, to expand the evidence base for telehealth services in rural and underserved populations in the United States. Synthesize the results into reports or other work products developed for both technical and non-technical audiences.
- Assess the comparative effectiveness of specific telehealth services relative to in-person or hybrid services in the same clinical area, examine the impact of health care policies on the provision of telehealth services, and analyze the cost effectiveness of telehealth services. Potential areas of interest include tele-emergency services, tele-behavioral health services (including substance use treatment services), and remote patient monitoring.
- Publish the outcomes of telehealth research findings in peer-reviewed journals.
- Update preexisting research that has become outdated.
- Publish telehealth research findings in peer-reviewed journals.

# Award information

## Cooperative agreement terms

### Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Make available experienced HRSA OAT personnel to support and provide consultation in the design, planning, development, or delivery of cooperative agreement activities and materials.
- Ensure cooperative agreement activities build upon progress, success, and lessons learned by providing access to materials and information from previous work in this area.
- Coordinate communication and develop linkages with personnel from other federally funded programs, HRSA, and other federal agencies as needed.
- Provide ongoing monitoring and review of the design, development, direction, or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the goals of the cooperative agreement.
- Review and provide guidance on cooperative agreement materials and activities.
- Review methods for evaluating the process and outcome of cooperative agreement activities and using findings to inform future work.
- Provide consultation and support the dissemination of cooperative agreement activities, progress, and results, like formal or informal presentations to internal and external stakeholders, presentations at national or regional conferences. Dissemination products may include policy briefs, research briefs, invited presentations, responses to inquiries from health policy programs and health policy researchers, webinars, presentations at national, regional, state, and local conferences, and other appropriate vehicles for sharing rigorous, policy-oriented research.
- Consult in the planning and development of the recipient's research portfolio.
- Review, and, if necessary, provide guidance on each plan and methodologies presented in the research proposals.
- Review work products, including each study's methodology, analysis, results, policy implications, and format, before public dissemination.

- Participate, as appropriate, in meetings, training activities, or workgroups conducted during the project period.
- Host monthly calls with all of the key staff on the project.

## Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Adherence to HRSA guidelines about the acknowledgment of and disclaimer on all products produced by HRSA award funds, per Section 5.1 of the R&R Application Guide (Acknowledgement of Federal Funding).
- Provide a conflict-of-interest statement (COI) disclosing any potential COI supported by a federal award and what measures will be taken to resolve the potential COI. Review [HRSA's COI policy](#).
- Establish and maintain effective working relationships with other HRSA-funded recipients, as well as with telehealth policy stakeholders.
- Participate in any requested meetings related to the planning and development of your research portfolio.
- Submit research study proposals with relevant timelines and milestones to the OAT Research Coordinator for review.
- Participate in the planning and development of the annual project portfolio.
- Submit work products (for example, abstracts, 2-page briefs, full policy briefs, reports, manuscripts, monographs and other items) for OAT review, within the time specified in the requests.
- Implement and maintain a publicly available website with information about current OAT projects funded under this cooperative agreement and completed work products. Your website must also include the acknowledgment and disclaimer information required on all products supported by HHS award funds.
- Attend and present at periodic HRSA and OAT Program meetings.
- Participate in monthly conference calls with OAT staff and periodically other stakeholders.

# Funding policies and limitations

## Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

## General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [R&R Application Guide](#). You can also see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is \$225,700. This limitation may be updated.

See [Manage Your Grant](#) for other information on costs and financial management.

## Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To charge indirect costs you can select one of two methods:

**Method 1 — Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency.

**Method 2 — *De minimis* rate.** Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose

this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

## Program Income

Program income is money earned as a result of your award-supported project activities. You must use those funds to add to approved project activities. Find more about program income at [45 CFR 75.307](#).



# Step 2:

# Get Ready to Apply

In this step

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# Get registered

## SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select **Get Started**. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

## Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

# Find the application package

The application package has all the forms you need to apply. You can find it online.

Go to [Grants Search at Grants.gov](#) and search for opportunity numbers **HRSA-25-044** or **HRSA-25-045**.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

# Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

## Join the webinar

More information on this NOFO's webinar will be posted at a later date to the related documents tab here: [HRSA-25-044](#) and [HRSA-25-045](#).

We recommend you “Subscribe” to the NOFO on Grants.gov to receive updates when documents are posted.

The Webinar will be recorded.

**Have questions?** Go to [Contacts and Support](#).



# Step 3:

# Prepare Your Application

## In this step

Application contents and format

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# Application contents and format

Applications include five main components. This section includes guidance on each.

**Application page limit:** 60 pages

Submit your information in English and express budget figures using U.S. dollars.

**Make sure you include each of these:**

Components	Submission format
<a href="#">Project abstract</a>	Use the Project Abstract Summary form
<a href="#">Project narrative</a>	Use the Research and Related Other Project Information form
<a href="#">Budget narrative</a>	Use the Research and Related Budget form
<a href="#">Attachments</a>	Enter each in the Attachments Form
<a href="#">Other required forms</a>	Upload using each required form

## Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 3.2 of the [R&R Application Guide](#).

## Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 3.1.2 of the [R&R Application Guide](#).

Indicate the project title as either:

- “Telehealth Rapid Response Center HRSA-25-044” or
- “Telehealth Research Center HRSA-25-045”

# Project narrative

Use the Research and Related Other Project Information form to attach the project narrative.

In the project narrative, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order listed.

## Introduction

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criterion 1: Need](#)
- For HRSA-25-045 Telehealth Research Center, see [merit review criterion 1: Need](#)

For both HRSA-25-044 and HRSA-25-045:

Briefly describe the purpose of your project.

## Need

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criterion 1: Need](#)
- For HRSA-25-045 Telehealth Research Center, see [merit review criterion 1: Need](#)

For both HRSA-25-044 and HRSA-25-045:

- Describe current and emerging telehealth services and policy issues at the local, state, and federal levels. Use and cite demographic data from underserved and rural populations whenever possible.
- Describe the gaps in the research for telehealth services and policy for rural and underserved communities.

HRSA-25-044 Telehealth Rapid Response Center applicants should also:

- Discuss the need to assist health providers, policymakers, and other stakeholders by conducting rapid data analyses and research studies to understand the impact of current and proposed policies and regulations to provide information that will improve health care.

- Use and cite demographic data and publications using national datasets to support the information provided. This includes documents, briefs or publications from your organization or institute.

## HRSA-25-045 Telehealth Research Center applicants should also:

- Demonstrate a strong understanding of the unique characteristics of rural/frontier communities, medically underserved people, historically marginalized groups/individuals, and people with lower incomes from a health care service, payment, and provider point of view.
- Explain how your proposed clinically informed research will expand the telehealth evidence base to assist health providers and policymakers at the local, state, and federal levels to show the impact of telehealth services on rural and underserved communities, access to health care, population health/health indicators, health care spending, quality of care, value-based care, and clinical delivery of care.
- Use and cite demographic literature and peer-reviewed publications to support the information provided. This includes publications from your organization or institute.

## Approach

- For HRSA-25-044 Telehealth Rapid Response Center, [see merit review criterion 2: Response](#)
- For HRSA-25-045 Telehealth Research Center, [see merit review criterion 2: Response](#)

## For both HRSA-25-044 and HRSA-25-045:

- Tell us specific information about the proposed projects for the first budget year. You should propose projects that would produce findings with a high likelihood of having meaningful applications that advance telehealth's impact on health access and outcomes, and return on investment.
- As it makes sense, include strategies for sharing findings at conferences, webinars, or other events. Also, include strategies for outreach and collaboration efforts to involve stakeholders.
- Use this outline for research study proposals:
  - **Project title**
  - **Principal investigator information** (name and degree)
  - **Two-sentence project description**

- **Statement of the problem** or issue and policy relevance: Clearly state the purpose of the research or evaluation. Identify the gaps in existing knowledge that the research is intended to fill. State the relevance of the research and its significance for telehealth policy and clinical outcomes from the perspectives of national, state, and local stakeholders and policymakers.
- **Geographic coverage:** Describe the geographic coverage and any subpopulations of focus for the research. Assess how generalizable the results will be for informing policymaking and telehealth access. Indicate how you will define rurality, if it applies.
- **Overview of research questions:** State the hypotheses or research and evaluation questions for the research project.
- **Research design, outcomes, analysis:** Thoroughly describe the project design you will use to accomplish the specific aims of the proposed study (quantitative or mixed methods). All studies should have some quantitative component. Qualitative work should not be the foundation for a study. Include a discussion of any anticipated limitations of the study design.
- **Data sources:** Identify and describe the data sources. If you are proposing to use primary data, discuss the data collection plan, including sampling methods, sample size estimates, expected response rate, etc. It is your responsibility to obtain reliable and accurate data. HRSA will not provide data.
- **Human subjects research:** Are human subjects involved? If you are planning activities involving human subjects at any time during the proposed research project, indicate **yes**, even if the proposed project is exempt from Regulations for the Protection of Human Subjects. Indicate **no** if you are not planning any activities involving human subjects and skip to the staff-loading chart section.
  - If the answer is **yes**, indicate if the Institutional Review Board (IRB) review is pending. Provide the approval date if you received IRB approval.
  - If exempt from IRB approval, enter the exemption numbers and a short description corresponding to one or more of the exemption categories. See [45 CFR 46](#) for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects. For the Human Subject Assurance Number, provide the IRB approval number or the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) or Cooperative Project Assurance Number (CPA) that you have on file with the Office of Human Research Protections, if available.

- If you have not yet been reviewed by IRB and you believe your research is exempt, provide a justification for the exemption with sufficient information about involvement of human subjects to allow a tentative conclusion by HRSA staff that the claimed exemption seems appropriate.
- Non-exempt research involving human subjects cannot be conducted under an HHS-sponsored award unless your organization provides verification of the justification of the exemption per [HHS regulations](#). Documentation of IRB review when it is completed, and its exemption or approval must be sent to the project officer. This IRB certification must include the grant number, the title of the project, the name of the appropriate IRB that has reviewed and exempted or approved the proposed activity, the name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.
- **Staff-loading chart:** Identify the project leader and other senior staff involvement. Include a staff-loading chart that presents the number of hours devoted to the project for each staff member and the total number of hours for each activity (such as data cleaning, mapping, analysis, and so on). Indicate the relevant expertise and experience of the staff.
- **Literature citations:** Provide citations to published literature relevant to this proposal.

## Telehealth Rapid Response Center HRSA-25-044 applicants should also:

- Provide a detailed explanation of your proposed approach to staff a rapid response data analysis team. This team should be capable of responding within 5 to 10 business days to an estimated one to two data analysis requests per month from telehealth stakeholders.
- Provide a detailed strategy that includes (but is not limited to):
  - A description of your access to national datasets that include telehealth variables and are current, cleaned, and geocoded, with the ability to have a rural-urban comparison within the dataset.
  - Your approach to maintain a repository of telehealth and telehealth policy-relevant datasets that are current, cleaned, and geocoded.
  - A plan to provide the public with a vehicle for performing data analyses and interpretation related to time-sensitive and significant telehealth policy issues or questions to understand the impact of policies and regulations and to provide information to improve health care in underserved areas.



- A process to determine the feasibility of responding to telehealth stakeholders' requests, including the feasibility of conducting the data analyses and the broader public benefit of conducting the analyses.
  - A process for sharing the results of the analyses with the public on time and using existing research and analysis products produced under this cooperative agreement.
- Describe the detailed approach to conducting short-term issue-specific telehealth research studies you propose to conduct in the first budget year. Proposed projects should aim to produce policy-relevant briefs or reports with a high likelihood of being applied in meaningful ways to improve health care among underserved populations. These projects should aim to improve the understanding of the effects of current or proposed telehealth policy changes relating to telehealth flexibilities, reimbursement, licensure, prescribing controlled substances, and telehealth services for safety-net providers, such as Federally Qualified Health Centers, Rural Health Clinics, Critical Access Hospitals, Ryan White Clinics, Certified Community Behavioral Health Clinics.
- Present a minimum of 4 short-term research proposals using the format outlined.

## Telehealth Research Center HRSA-25-045 applicants should also:

- Describe specific information about 5 telehealth-focused research projects for the first budget year.
- Include information on data availability, acquisition cost, and a schedule for obtaining and preparing the data for analysis.
- Your proposals should be national in scope. OAT acknowledges that some research topics in telehealth may be limited in scope to particular states or specific populations (such as Medicaid-focused studies or Medicare populations).
- Present 5 telehealth-focused research proposals using the format outlined. At a minimum, we expect one manuscript to be submitted to a peer-reviewed journal for each project. If you are a competing continuation applicant, you must propose research projects that are not duplicative of past projects — but you can propose projects that build on or update previously funded work.

## High-level work plan

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criteria 2: Response](#) and [criteria 4: Impact](#)
- For HRSA-25-045 Telehealth Research Center, see [merit review criteria 2: Response](#) and [criteria 4: Impact](#)

### For both HRSA-25-044 and HRSA-25-045:

- Describe how you'll successfully produce manuscripts, policy briefs, and other reports for the first year of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each. Deliverable due dates for each project should be included. Gantt charts are not necessary.
- Include a plan to distribute reports, products, or project outputs to target audiences. You will be expected to coordinate with OAT regarding the process to distribute products.
- Develop and maintain a website dedicated to OAT-funded research that will house completed research projects.
- Plan to comply with Section 508 of the Rehabilitation Act of 1973, as amended.
- Include goals in the work plan for the entire proposed 5-year period of performance.
- Include your detailed work plan in your [Attachments](#).

### Telehealth Rapid Response Center HRSA-25-044 applicants should also:

- Plan for publicly distributing the results from any rapid response data analyses or issue-specific research studies. Products produced may be shared at [telehealth.HHS.gov](https://telehealth.HHS.gov).

### Telehealth Research Center HRSA-25-045 applicants should also:

- Consider the time required for data acquisition, IRB approval, etc. and reflect this in deliverable due dates.
- Plan for publicly distributing the research deliverables produced under this cooperative agreement. Publications will be shared at [telehealth.HHS.gov](https://telehealth.HHS.gov).

## Resolving challenges

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criteria 2: Response](#) and [criteria 4: Impact](#)
- For HRSA-25-045 Telehealth Research Center, see merit review criteria 2: [Response](#) and [criteria 4: Impact](#)

### For both HRSA-25-044 and HRSA-25-045:

Discuss possible challenges you may face in designing and carrying out the activities in the Approach section and in your work plan. Explain how you'll resolve them.

## Performance reporting and evaluation

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criteria 3: Performance reporting and evaluation](#)
- For HRSA-25-045 Telehealth Research Center, see [merit review criteria 3: Performance reporting and evaluation](#)

### For both HRSA-25-044 and HRSA-25-045:

- Describe your plan for reporting the number of times that each research or rapid response product posted on the website is accessed or downloaded as well as your plan to track journal citations, conference presentations and posters, speaking engagements (including webinars), and press inquiries or communications. We will collect these measures annually.
- Describe how you will manage and securely store data.
- Describe quality control processes, including the quality of the written products produced under this cooperative agreement. This should include a plan for the principal investigator to review all draft reports to check their quality and readability.
- Describe your plan for self-monitoring progress on each of the research studies throughout each budget period.
- Explain how you will assess whether your distribution plan is effective, whether the results are national in scope, and the extent of potential replication.

## Telehealth Research Center HRSA-25-045 applicants should also:

- Describe the evaluation capacity of your organization and staff to evaluate programs, including your relevant experience, skills, and knowledge. OAT may request program evaluation studies of telehealth investments in rural and underserved areas and populations. This comprehensive evaluation will explore the impact of telehealth investments on rural and underserved areas and populations, to include an assessment of access, cost, experience, and effectiveness for patients and providers. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#).

See [Reporting](#) for more information.

## Organizational information

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criterion 5: Resources and capabilities](#)
- For HRSA-25-045 Telehealth Research Center, see [merit review criterion 5: Resources and capabilities](#)

### For both HRSA-25-044 and HRSA-25-045:

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Use [attachment 4](#) to include a project organization chart.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Provide a conflict-of-interest statement (COI) disclosing any potential COI supported by a federal award and what measures will be taken to resolve the potential COI. View [HRSA's COI policy](#).
- Include a staffing plan and job descriptions for key faculty and staff in [Attachment 2](#).
- Describe the organizations you will partner with to fulfill the program goals and meet the objectives. Include key agreements and letters of support in [Attachment 3](#).
- Include biographical sketches for Senior and core staff using the Research & Related Senior/Key Person Profile form. See [Other required forms](#).

## Telehealth Rapid Response Center HRSA-25-044 applicants should also:

- Describe your expertise in responding to and conducting rapid response data analyses (5 to 10 business days) and short-term, issue-specific research studies.
- Demonstrate your program's significant past experience conducting similar work (from any funder). Include specific examples of:
  - Past publications or analyses that were national in scope and were completed in a 1-to-3-month period.
  - Past rapid data analyses of complex national data sets that were completed in 5 to 10 business days.
  - Communicating complex public telehealth policy issues and data analyses to varied audiences in ways that identify key telehealth access and reimbursement concerns.
- Demonstrate your organization's access to and substantial experience working with large, national data sets, including, but not limited to, data from AHRQ, Census Bureau, CDC, CMS, HRSA, health care professional associations like the American Hospital Association, and so on.
- Describe the library of data sets you currently maintain that will support the request for rapid response telehealth data analysis.
- Include the following staff:
  - Principal investigator (i.e., the project director)
  - Deputy principal investigator (i.e., the deputy project director)
  - Core data analysis team
  - Core research team
  - Technical writer/editor
  - Project manager

Except for the principal investigator and the deputy principal investigator, multiple staff roles may be filled by the same person (a member of the core research staff can also fill the role of the project manager).

However, staff can't duplicate FTE and responsibilities across other OAT funded programs. In addition, a co-principal investigator is not permitted.

- Describe the following for the **principal investigator**:
  - Evidence of successfully managing a rapid response research team as well as conducting and disseminating telehealth-focused research and rapid data analysis (including at least eight years of work experience in telehealth-focused health services research, or comparable experience).
  - Experience informing/educating national, state, and community decision-makers about health and access issues for underserved populations.

HRSA recommends that the principal investigator devote at least 25 percent of their time to the Telehealth Rapid Response Center. They will lead the development and realization of the Telehealth Rapid Response Center portfolio.

They are responsible for the administrative aspects of the Telehealth Rapid Response Center and reviewing all draft research products.

HRSA strongly suggests that the principal investigator have a substantial number of telehealth publications that focus on underserved populations, a minimum of 8 years of work experience specific to underserved populations, telehealth-focused health services research, and a medical or doctoral degree.

- Describe the following for the **deputy principal investigator**:
  - Experience, including roles and responsibilities in organizational lines of authority, conducting and disseminating policy-relevant health research or evaluation for underserved populations.
  - Experience informing/educating national, state, and community decision-makers about health and access issues for underserved populations.
  - Process to assume the duties of the principal investigator when the principal investigator is on short-term and extended leave (like a vacation or a sabbatical).

HRSA recommends that the deputy principal investigator devote at least 20 percent of their time to the proposed Telehealth Research Center.

- The **core data analysis staff** should be multi-disciplinary and have the educational and professional experience necessary to conduct data analysis to meet program goals. This includes gathering data from a variety of resources, cleaning and filtering data, using statistical tools and analytical methods to explore and analyze data, identifying trends and relationships, data validation and interpreting skills, and data visualization skills.
- The **core research staff** should be multi-disciplinary and have the educational and professional experience necessary to conduct the proposed research. This may include both social science (sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science, or geography) and clinical backgrounds.
- An **editor or technical writer** must also be included on staff whose main/partial responsibility should be to review drafts of studies before submission to OAT for review to ensure high quality. Identify this individual in the line-item budget.

## Telehealth Research Center HRSA-25-045 applicants should also:

- Describe your capability (as evidenced by experience) to conduct and disseminate complex, clinically informed, or policy-relevant research studies in a 12-to-15-month period. You may demonstrate this past performance by describing work completed for any funder.
- Describe the capability (as evidenced by experience) to collect and validate primary data collected from entities outside of your organization or your parent organization (for example, a cohort of HRSA award recipients). You may demonstrate this past performance by describing work completed for any funder.
- Describe your organizational structure. You can apply on behalf of your organization alone or on behalf of a group of organizations, but you will remain responsible for research, supervision, administrative activities, and overall management of federal funds.
- Include the following staff:
  - Principal investigator (i.e., the project director)
  - Deputy principal investigator (i.e., the deputy project director)
  - Core research team
  - Technical writer/editor
  - Project manager

Except for the principal investigator and the deputy principal investigator, multiple staff roles may be filled by the same person (a member of the core research staff can also fill the role of the project manager). Also, a co-principal investigator is not permitted.

- Describe the following for the **principal investigator**:
  - Evidence of successfully managing a research or evaluation team as well as conducting and disseminating telehealth-focused health services research (including at least eight years of work experience in telehealth-focused health services research, or comparable experience).
  - Experience informing/educating national, state, and community decision-makers about health and access issues for rural populations.

HRSA recommends that the principal investigator devote at least 25 percent of his or her time to the Telehealth Research Center. The principal investigator can't duplicate FTE and responsibilities across other OAT funded programs.

The principal investigator leads the development and realization of the Telehealth Research Center research portfolio. They are the lead investigator on at least two of your proposed research projects, responsible for the administrative aspects of the Telehealth Research Center and reviewing all draft research products.

HRSA strongly suggests that the principal investigator have a substantial number of telehealth publications that focus on underserved and rural populations, a minimum of eight years of work experience specific to rural and underserved populations, telehealth-focused health services research, and a medical or doctoral degree.

- Describe the following for the **deputy principal investigator**:
  - Experience, including roles and responsibilities in organizational lines of authority, conducting, and disseminating policy-relevant rural health research or evaluation.
  - Experience informing/educating national, state, and community decision-makers about health and access issues for rural populations.
  - Process to assume the duties of the principal investigator when the principal investigator is on short-term and extended leave (like a vacation or a sabbatical).

HRSA recommends that the deputy principal investigator devote at least 20 percent of his or her time to the proposed Telehealth Research Center. The principal investigator can't duplicate FTE and responsibilities across other OAT funded programs.



- **The core research staff** should be multi-disciplinary and have the educational and professional experience necessary to conduct the proposed research. This may include both social science (sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science, or geography) and clinical backgrounds.
- **An editor or technical writer** must also be included on staff whose main/partial responsibility should be to review drafts of studies before OAT submission for review to ensure high quality. Identify this individual in the line-item budget.

## Budget and budget narrative

- For HRSA-25-044 Telehealth Rapid Response Center, see [merit review criterion 6: Support Requested](#)
- For HRSA-25-045 Telehealth Research Center, see [merit review criterion 6: Support Requested](#)

### For both HRSA-25-044 and HRSA-25-045:

Complete the information in the Research and Related Budget form. Your **budget** should follow the instructions in section 3.1.4 of the [R&R Application Guide](#) and any specific instructions listed in this section.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy any matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in the Research and Related Budget Form. See [Other required forms](#). The merit review committee reviews both. Your budget should show a well-organized plan.

The budget narrative includes an itemized breakdown and a clear justification of the requested costs. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- Restrictions on spending funds. See [Funding Policies and Limitations](#).

To create your budget justification narrative, see detailed instructions in section 3.1.5 of the [R&R Application Guide](#).

Follow these additional instructions specific to this NOFO.

## Consultant services

Identify each consultant, the services they will perform, the total number of days, travel costs, and the total estimated costs.

## Attachments

Place your PDF attachments in order in the Attachments form. See [application checklist](#) to determine if they count toward the page limit.

### Attachment 1: Work plan

Attach the project's work plan. Make sure it includes everything required in the [Project Narrative](#) section.

### Attachment 2: Staffing plan and job descriptions

See Section 4.1.vi of the [R&R Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staff choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a 1-page job description. It must include the role, responsibilities, and qualifications.

## Attachment 3: Key agreements and letters of support

Provide any documents that describe working relationships between your organization and others you refer to in the proposal.

Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables.

Make sure any letters of agreement are signed and dated.

## Attachment 4: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure.

## Attachment 5: Tables and charts

Provide tables or charts that give more details about the proposal.

These might be Gantt, PERT, or flow chart.

## Attachment 6: For multi-year budgets: 5th year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment.

We do not count this in the page limit however, any related budget narrative does count.

See Section 3.1.4 of the R&R [Application Guide](#).

## Other required forms

You will need to complete some other forms. Upload the forms listed below at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Research & Related Other Project Information	With application
SF-424 (R&R) (Application for Federal Assistance) form	With application
R & R Subaward Budget Attachment(s) Form	With application
Research & Related Senior/Key Person Profile (Expanded)	With application
Project/Performance Site Location(s)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before the award.

## Form instructions

In addition to the requirements for the [project abstract](#), [budget narrative](#), [project narrative](#), and [attachments](#), following are instructions for each of the other forms required by this NOFO.

See the [application checklist](#) for a full list of all application requirements.

## Research and Related Other Project Information form

In addition to the requirements in the [project narrative](#) section, you will provide some additional information in this form.

- Complete sections 1 through 6.
- Upload a blank document in item 7: Project Summary/Abstract to avoid a cross-form error with your Project Abstract Summary Form.
- Upload your project narrative in item 8.
- Leave items 9, 10, and 11 blank.

## SF 424 (R&R) Application For Federal Assistance

This is your application for federal assistance. Follow the instructions in section 3.1.4 of the [R&R Application Guide](#). This is the application for Federal Assistance.

## R & R Subaward Budget Attachment(s) form

You will also complete the R & R Subaward Budget Attachment Form for each subaward you propose. These include contracts. You will do this using the R & R Subaward Budget Attachment(s) Form.

To complete the budget forms, follow the instructions in section 4.1.iv of the [R&R Application Guide](#).

- Once you open this form, you can select “Click here to extract the R&R Subaward Budget Attachment.”
- Save the file and then open it to complete it.
- Once you save the file you can upload it within the form.
- Repeat the steps for each subaward.

If you have more than 10 subawards, you may upload the extra budget forms in the Research and Related Other Project Information form in Block 12 “Other Attachments.”

## Research & Related Senior/Key Person Profile (Expanded)

Include biographical sketches for people who will hold the key positions.

- Try to use no more than one page per person.
- Do not include non-public personally identifiable information.
- If you include someone you haven’t hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in the Research & Related Senior/Key Person Profile form.
- Include:
  - Name and title.
  - Education and training. For each entry, include Institution and location, degree and date earned, if any, and field of study.
  - Section A, Personal Statement. Briefly describe why the individual’s experience and qualifications make them well-suited for their role.
  - Section B, Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
  - Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.

- Other information. If they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

## Project/Performance Site Locations(s)

Follow the form instructions in [Grants.gov Forms](#). Use the “Next Site” option rather than “Additional Location(s)” to add more than one project/performance site location.

## Disclosure of Lobbying Activities (SF-LLL) form

Follow the form instructions in [Grants.gov Forms](#).



# Step 4:

# Learn About Review and Award

## In this step

Application Review	<a href="#">40</a>
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Award notices	<a href="#">49</a>

# Application Review

## Initial Review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

## Merit Review

A panel reviews all applications that pass the initial review. The members use the criteria below.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	25 points
3. Performance reporting and evaluation	15 points
4. Impact	20 points
5. Resources and capabilities	25 points
6. Support requested	5 points

### Jump to sections:

- [HRSA-25-044: Telehealth Rapid Response criterion](#)
- [HRSA-25-045: Telehealth Research Center criterion](#)



# HRSA-25-044 Telehealth Rapid Response Center

## Criterion 1: Need (10 points)

See Project Narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Demonstrates a strong understanding of the unique characteristics underserved communities face for accessing telehealth and why evidence-based telehealth research is important to health providers and decision-makers at the local, state, and federal levels.
- Demonstrates a strong understanding of the need to assist underserved communities by conducting rapid data analyses that use national datasets and research studies to understand the impact of current and proposed policies and regulations to provide information that will improve health care in America.

## Criterion 2: Response (25 points)

See Project Narrative [Approach](#), [High-Level Work Plan](#), and [Resolving Challenges](#) sections.

### Approach (10 points)

The panel will review your application for how well it:

- Identifies and addresses current needs or gaps in national data analysis in the current telehealth landscape.
- Describes the proposed methodology to staff a rapid response data analysis team capable of completing complex data analysis requests within five to ten business days.
- Demonstrates your capacity to access and maintain a robust repository of national telehealth and telehealth policy-relevant datasets that are current, cleaned, and geocoded.
- Describes a strategy to provide the public with a vehicle for performing data analyses and interpretation related to time-sensitive and significant telehealth policy issues/questions to understand the impact of policies and regulations and to provide information to improve health care in underserved areas.
- Clearly demonstrates the strength and feasibility of the data analysis methods and national data sources. Shows the responsibility of the applicant to obtain reliable and accurate data, as HRSA will not provide data.

## Work Plan and Resolving Challenges (15 points)

The panel will review your application for how well it:

- Clearly and appropriately describes how your proposed research studies address each item included in the research proposal outline in the [Approach](#) section.
- Develops a strong process to determine the feasibility of responding to telehealth stakeholder requests, including the feasibility of conducting the data analyses and the broader public benefit of conducting the analyses.
- Demonstrates, through the project management plan and work plan, your ability to effectively manage the Telehealth Rapid Response Center workload throughout the 5-year project period. This includes the identified lead authors who are qualified for the proposed research projects they will lead and the ability of the principal investigator(s) or director to manage deadlines.
- Clearly describes the strategy for promptly sharing the results of the analyses with the public and for responding to requests to help telehealth stakeholders find and use previously released products.
- Describes the obstacles and challenges you may face during project design and implementation. This includes the quality and feasibility of your plan to deal with them.

## Criterion 3: Performance reporting and evaluation (15 points)

See Project Narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

- Your organization's ability to conduct data analysis promptly at a national level.
- Your organization's experience and ability to manage and securely store data.
- Your organization's experience and ability to disseminate research and policy briefs promptly.
- Your organization's ability to track the use of your products and the effectiveness of your distribution and dissemination efforts.
- How strong and effective your quality control processes are for ensuring data quality and the quality of products produced under this cooperative agreement.
- Your organization's ability to self-monitor progress for research studies and data analysis.

## Criterion 4: Impact (20 points)

See Project Narrative [High-Level Work Plan](#) section.

The panel will review your application for:

- How well you've demonstrated an understanding of how policy briefs and other research, or evaluation products produced by the rapid response center can inform telehealth stakeholders and policymakers.
- The strength of your ability to identify key gaps in existing knowledge and propose research projects that have a high likelihood of being applied in meaningful ways to improve telehealth care stakeholders' understanding of the effects of health policies.
- The strength and appropriateness of your proposals for 4 issue-specific research studies that are well-conceived with a study design and national data sources appropriate to answer the research question.
- A clear strategy for disseminating findings and information that is reasonable, feasible, and likely to reach multiple types of telehealth stakeholders and audiences.

## Criterion 5: Resources and capabilities (25 points)

See Project Narrative [Organizational Information](#) section.

Organizational Information (10 points):

Your application will be assessed on the extent to which:

- You have demonstrated experience working with relevant national data sets, including examples of public-facing products (e.g., research and policy briefs) with telehealth relevance for underserved populations.
- Staff have the training or experience to carry out the project. The principal investigator, deputy principal investigator, and core project team meet the specific requirements.
- Full-time equivalent employees (FTEs) devoted to the Telehealth Rapid Response Center align with the proposed structure and work plan and have adequate time devoted to the project as described in the NOFO.
- The staffing plan [Attachment 2](#) demonstrates the needed expertise and is consistent with the proposed project and highlights key staff, partners, and collaborators.

## Capabilities (15 points):

Your application will be assessed on the extent to which:

- It clearly demonstrates your organization's access to and substantial experience working with large, national data sets, including, but not limited to, data from AHRQ, Census Bureau, CDC, CMS, HRSA, health care professional associations like the American Hospital Association, and so on.
- It clearly demonstrates, through specific examples of past experience (from any funder), your ability to:
  - Communicate complex public policy issues and data analyses to varied audiences in ways that identify key telehealth concerns within a broader issue.
  - Conduct and disseminate complex, policy-relevant data analysis in a 5 to 10 business day period.
  - Design and carry out telehealth services research studies that are national in scope, with a focus on underserved populations, and can be completed in a 1 to 3-month time period.
- Adequate infrastructure is demonstrated, and capacity to implement the project and achieve outcomes. manage and securely store data.
- It describes the library of data sets you currently maintain that will support the request for rapid response telehealth data analysis.

## Criterion 6: Support requested (5 points)

See [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the project's scope.
- Whether key staff have adequate time devoted to the project to achieve project objectives.

# HRSA-25-045 Telehealth Research Center

## Criterion 1: Need (10 points)

See Project Narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Demonstrates a strong understanding of the unique characteristics underserved communities face for accessing telehealth and why evidence-based telehealth research is important to health providers and decision-makers at the local, state, and federal levels.
- Demonstrates a strong understanding of the gaps in the evidence base for, or in evaluations of telehealth services which can be appropriately addressed with this funding opportunity.

## Criterion 2: Response (25 points)

See Project Narrative [Approach](#), [High-Level Work Plan](#), and [Resolving Challenges](#) sections.

### Approach (10 points)

The panel will review your application for:

- How clear your proposed research studies address current needs or gaps in the current telehealth landscape.
- How well your proposed research projects respond to the program's [purpose](#) of expanding the evidence base for telehealth services (including rural and underserved populations) and evaluating the impact of telehealth investments.
- The strength and feasibility of the research methods and data sources for each of the proposed research studies. It is your responsibility to obtain reliable and accurate data, as HRSA will not provide data.

### Work Plan and Resolving Challenges (15 points)

The panel will review your application for:

- How clearly and appropriately detailed your proposed research studies address each item included in the Research Proposal Outline in the Approach Section.
- The strength which your Project Management Plan and Work Plan demonstrates your ability to effectively manage the Telehealth Research Center workload throughout the five (5) year project period. This includes lead authors identified and qualified for the proposed research projects they will lead and the ability of the principal investigator(s) or director to manage deadlines.

- How clearly you have described the strategy for sharing the research products with the public and for responding to requests to help telehealth stakeholders find and use previously released products.
- How well you have described the obstacles and challenges you may face during project design and implementation. This includes the quality and feasibility of your plan to deal with them.

## Criterion 3: Performance reporting and evaluation (15 points)

See Project Narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

- Your organization's experience and ability to manage and securely store data.
- Your organization's experience and ability to publish clinically informed telehealth research in peer reviewed journals.
- Your organization's ability to track the use of your products and the effectiveness of your distribution and dissemination efforts.
- How strong and effective are your quality control processes for ensuring data quality and the quality of products produced under this cooperative agreement.

## Criterion 4: Impact (20 points)

See Project Narrative [High-Level Work Plan](#) section.

The panel will review your application for the strength of your:

- Ability to identify key gaps in existing knowledge and propose research projects that have a high likelihood of being applied in meaningful ways to improve telehealth care stakeholders' understanding of the effects of health policies.
- Proposals for 5 telehealth-focused research studies that are well-conceived with a study design and data sources appropriate to answer the research question.
- Clear strategies for disseminating findings and information are reasonable, feasible, and likely to reach multiple types of telehealth stakeholders and audiences.
- Demonstrated understanding of how policy briefs and other research, or evaluation products produced by the research center can inform telehealth stakeholders and policymakers.
- Proposed research studies, which contribute to the comprehensive evaluation of nationwide telehealth investments, are clinically informed, policy-relevant, and will contribute to the evidence base for telehealth services for rural and underserved populations.

- Demonstrated ability to build or maintain a Telehealth Research Center website and alert relevant stakeholders to new research products through multiple communication channels.
- Plan to address challenges or difficulties that may arise from the fact that many data sets do not explicitly include rural and urban geographic indicators or use geographic indicators/definitions of rural that may not correspond to the rural definition needed for a particular analysis.

## Criterion 5: Resources and capabilities (25 points)

See Project Narrative [Organizational Information](#) section.

### Organizational Information (10 points)

Your application will be assessed on the extent to which:

- Staff have the training or experience to carry out the project. The principal investigator, deputy principal investigator, and core project team meet the specific requirements.
- The FTEs devoted to the Telehealth Research Center align with the proposed structure and work plan and have adequate time devoted to the project as described in the NOFO.
- Capabilities to fulfill the needs of the proposed project are clearly described.
- The staffing plan ([Attachment 2](#)) demonstrates the needed expertise and is consistent with the proposed project and highlights key staff, partners, and collaborators.

### Capabilities (15 points)

Your application will be assessed on the extent to which:

- It clearly demonstrates substantial experience in conducting and disseminating complex, clinically informed, or policy-relevant research studies in a 12 to 15-month time period.
- It documents evidence of performing the tasks of this NOFO in prior similar national-level activities, highlighting any peer-reviewed telehealth evidence-based and evaluation publications.
- It demonstrates adequate infrastructure and capacity to implement the project and achieve outcomes.
- It demonstrates your success collecting and validating primary data such as clinical data obtained from entities outside of your (or your parent) organization.
- It describes your capabilities to track the use of your products and the effectiveness of your distribution and dissemination efforts.
- It demonstrates your ability to manage and securely store data.

- It demonstrates your ability to self-monitor progress for research studies and data analysis.
- It describes your quality control processes for written products.

## Criterion 6: Support requested (HRSA-25-045) (5 points)

See [Budget and budget narrative](#) section.

The panel will review your application for:

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the project's scope.
- Whether key staff have adequate time devoted to the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

## Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance
- Review audit reports and findings
- Analyze the cost of the budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).



# Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.

We may:

- Consider the larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

## Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [R&R Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



# Step 5:

# Submit Your Application

## In this step

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# Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See information on [getting registered](#). You will have to maintain your registration throughout the life of any award.

## Deadlines

### Application

**You must submit your application by April 15, 2025, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives the application.

## Submission method

### Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

**Have questions?** Go to [Contacts and Support](#).

## Other submissions

### Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

# Application checklist

Make sure that you have everything you need to apply:

Form	See instructions	Included in page limit? *
<input type="checkbox"/> Project Abstract Summary	<a href="#">Project abstract</a>	No
<input type="checkbox"/> Research and Related Other Project Information	<a href="#">Project narrative</a> and <a href="#">Form instructions</a>	Yes*
<input type="checkbox"/> Research and Related Budget	<a href="#">Budget and budget narrative</a>	Yes*
<a href="#">Attachments Form</a>	<a href="#">Attachments</a>	Yes* unless required for eligibility
<input type="checkbox"/> 1. Work plan		Yes
<input type="checkbox"/> 2. Staffing plan & job descriptions		Yes
<input type="checkbox"/> 3. Agreements with other entities		Yes
<input type="checkbox"/> 4. Project organizational chart		Yes
<input type="checkbox"/> 5. Tables and charts		Yes
<input type="checkbox"/> 6. For multi-year budgets: 5th year budget		No
<input type="checkbox"/> 7. Another relevant document		Yes
<input type="checkbox"/> 8. Another relevant document		Yes
<input type="checkbox"/> 9-15. Another relevant document		Yes
<b>Other required forms</b>	<a href="#">Other required forms</a>	
<input type="checkbox"/> SF-424 (R&R)	<a href="#">Form instructions</a>	No
<input type="checkbox"/> R & R Subaward Budget Attachment(s)	<a href="#">Form instructions</a>	Yes*
<input type="checkbox"/> Research & Related Senior/Key Person Profile form	<a href="#">Form instructions</a>	Yes*
<input type="checkbox"/> Project/Performance Site Locations(s)	<a href="#">Form instructions</a>	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	<a href="#">Form instructions</a>	No

\* Unless otherwise indicated, only what you attach to a form counts against the page limit. The form itself does not count.



# Step 6:

# Learn What Happens After Award

## In this step

Post-award requirements and administration [56](#)

# Post-award requirements and administration

## Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
  - [2 CFR 200.1](#), Definitions, Equipment.
  - [2 CFR 200.1](#), Definitions, Supplies.
  - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
  - [2 CFR 200.314\(a\)](#), Supplies.
  - [2 CFR 200.320](#), Methods of procurement to be followed.
  - [2 CFR 200.333](#), Fixed amount subawards.
  - [2 CFR 200.344](#), Closeout.
  - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
  - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- See the requirements for performance management in [2 CFR 200.301](#).



# Health information technology interoperability

If you receive an award, you must agree that where your activities involve implementing, acquiring, or upgrading health IT, you, and all your subrecipients will:

- Meet the standards and specifications in [45 CFR part 170, subpart B](#), if those standards support the activity.
- If the activities relate to activities of eligible clinicians in ambulatory settings or hospitals under Sections 4101, 4102, and 4201 of the HITECH Act, that you will use only health IT certified by the [Office of the National Coordinator for Health Information Technology \(ONC\) Health IT Certification Program](#).

If standards and implementation specifications in [45 CFR part 170, subpart B](#) cannot support the activity, we encourage you to use health IT that meets non-proprietary standards and specifications of consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

## Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

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

# Executive order on worker organizing and empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

## Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan on the [NIST Cybersecurity Framework](#). Your plan should include the following steps.

### Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

### Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

### Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

### Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics\\_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
  - Any unplanned interruption or reduction of quality, or

- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

**Recover:**

Investigate and fix security gaps after any incident.

## Reporting

If you are successful, you will have to follow the reporting requirements in Section 4 of the [R&R Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require progress reports each year.
- Annual performance reports through [Electronic Handbooks](#).



# Contacts and Support

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# Agency contacts

## Program and eligibility

### Stephanie Miller

Project Officer

Attn: Telehealth Research and Rapid Response Centers

Office for the Advancement of Telehealth

Health Resources and Services Administration

Email your questions to: [smiller3@hrsa.gov](mailto:smiller3@hrsa.gov)

Call: 301-443-3348

## Financial and budget

### Reginal Baker

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: [rbaker@hrsa.gov](mailto:rbaker@hrsa.gov) Call: 301-945-3937

## HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

## Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

## SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

# Helpful websites

- [HRSA's How to Prepare Your Application Page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [HRSA Grants page](#)
- [Telehealth.hhs.gov](https://telehealth.hhs.gov)