U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Office of Intergovernmental and External Affairs

Office of External Affairs

National Organizations of State and Local Officials (NOSLO):

State Health Services and Financing

Funding Opportunity Number: HRSA-24-103

Funding Opportunity Type(s): New

Assistance Listing Number: 93.011

Application Due Date: May 23, 2024

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

Issuance Date: February 23, 2024

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See Section VII for a complete list of agency contacts.

Authority: Section 311(a) of the Public Health Service (PHS) Act (42 USC §243(a))

508 COMPLIANCE DISCLAIMER

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

SUMMARY

Funding Opportunity Title:	National Organizations of State and Local Officials: State Health Services and Financing
Funding Opportunity Number:	HRSA-24-103
Assistance Listing Number:	93.011
Due Date for Applications:	May 23, 2024
Purpose:	The purpose of this National Organizations of State and Local Officials (NOSLO): State and Health Services Financing program is to assist state and local authorities in: a) improving public health, health care, and health care delivery, b) building capacity to address public health issues and support and enforce regulations intended to improve the public's health, and c) promoting health equity to preserve and improve public health.
Program Objective(s):	This cooperative agreement will assist states in leveraging HRSA programs and identifying collaborations with Medicaid to improve access to quality health care for high need communities.
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit, or for-profit entities, including community-based organizations, tribes, and tribal organizations.

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	Up to $500,000. We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.
Estimated Number and Type of Award(s):	One cooperative agreement.
Estimated Annual Award Amount:	Up to $500,000 per year, subject to the availability of appropriated funds. If additional funds become available, the budget will increase to a higher amount.
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024, through September 29, 2027 (3 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Djuana Gibson Grants Management Specialist Division of Grants Management Operations, OFAM Health Resources and Services Administration Email: DGibson@hrsa.gov **Program issues or technical assistance:** Kellie J. Cosby Public Health Analyst, Office of External Affairs Office of Intergovernmental and External Affairs Email: KCosby@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Tuesday, March 12, 2024
1 p.m. – 2 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1601821840?pwd=MFdJdHE1bms1amg0aWxnNTB6Ty9tQT09

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 1-833-568-8864
Meeting ID: 160 182 1840

We will record the webinar. For a recording of the webinar, please email hrsaieaexternalaffairs@hrsa.gov

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the National Organizations of State and Local Officials (NOSLO) Program: State Health Services and Financing to fund a national level organization with an in-depth understanding of, and experience with, providing technical assistance and support to State Medicaid Directors and other health care payment officials to assist states in leveraging HRSA programs and collaborating with Medicaid to improve access to quality health care for high need communities. Activities should include but are not limited to fostering collaborations to address maternal health disparities, bolster the health workforce, integrate behavioral health into primary care, and expand access to care for people in high need communities, such as those who live rural areas, are exiting incarceration, have HIV, and youth with unmet behavioral health needs.

The successful recipient is expected to provide tailored technical assistance to State Medicaid Directors and other health care payment officials to address HRSA's priorities and maximize the benefits of and potential collaborations with HRSA programs through:

- Communication and information sharing between HRSA and State Medicaid Directors and other health care payment officials, and
- Training; data collection, sharing, and analysis; convenings, (e.g., learning exchanges on priority topics); and other activities that enable State Medicaid Directors and other health care payment officials to operate in a responsive, coordinated, and effective manner.

Program Objectives

- Engage multiple states and their State Medicaid Directors and other health care payment officials to develop detailed implementation plans for policy initiatives that will improve access to quality health care for their highest-need populations that intersect with HRSA programs and HRSA settings of care. Where feasible, these initiatives can be shared across multiple states to achieve a nationwide impact.
- Implement technical assistance activities and tools on health care financing policies, models, and data strategies that will benefit State Medicaid Directors, State Medicaid programs, and HRSA grantees to improve access to quality health care for high need communities by leveraging both HRSA programs and State Medicaid programs.

For more details, see Program Requirements and Expectations.

2. Background

The NOSLO Program

The NOSLO program is authorized by Section 311(a) of the Public Health Service (PHS) Act (42 USC §243(a)). This program has five funding tracks: 1) State and Local Public Health Systems, 2) State Health Legislative Education, 3) Health Policy Innovation, 4) State Health Services and Financing, and 5) State Governance. See Appendix A for detailed descriptions of the five tracks.

State Health Services and Financing Track

Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage to many low-income people, pregnant women, children, and individuals with disabilities, and is one of the largest payers for health care in the United States. Many Medicaid and CHIP financing and coverage decisions occur at state and local levels. The NOSLO: State Health Services and Financing track award recipient facilitates a relationship between HRSA and state, territorial, tribal and local stakeholders.

HRSA's mission is to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs. HRSA provides equitable health care to the nation's highest-need communities, including rural areas. Nearly half of the over 30 million patients served by HRSA-supported health centers are enrolled in Medicaid. HRSA supports rural communities through its Federal Office of Rural Health Policy, and over 40 percent of all births in rural, non-metropolitan areas are paid for by Medicaid. Nearly every newborn in the country received screening through HRSA-administered maternal and child health programs, while approximately 41% of all births are covered by Medicaid. HRSA also leads health workforce development and training programs that connect skilled health care providers to communities in need – many members of which are covered by Medicaid – and increasingly funds training for primary care physicians, pediatricians, and others to address mental health and substance use disorder.

Medicaid and the Children's Health Insurance Program (CHIP) provides free or low-cost health coverage to people with low-income many low-income people, pregnant women, children, and individuals with disabilities, and is one of the largest payers for health care in the United States. Many Medicaid and CHIP financing and coverage decisions occur at state and local levels. The NOSLO: State Health Services and Financing track award recipient facilitates a relationship between HRSA and state, territorial, tribal, and local stakeholders.

Highly qualified applicants include national organizations that are knowledgeable about the needs of State Medicaid Directors and other health care payment officials, have a history of successfully building the capacity of State Medicaid Directors and other health care payment officials to preserve and improve health care services and public health, have existing communication platforms with a national reach, and have expertise and resources relevant to HRSA's mission.

National organizations that represent state and territorial officials are uniquely positioned to respond to urgent and emergent public health needs, disseminate promising practices, identify challenges in the state, territorial, tribal, and local policy

landscape that require attention, and experience developing high-quality policy analysis and policy-related research on health care financing, innovative care/payment models, and payment reform. They provide technical assistance to support officials and entities overseeing health care-related payment and related finance mechanisms. These officials and entities include Medicaid directors, insurance commissioners, state/territorial legislators, state/territorial/local public health departments, behavioral health officials, and health policy advisors.

NOSLO: State Health Services and Financing Track Performance Measures
See Appendix B for the list of measures that HRSA will use to evaluate program performance.

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

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

- Collaborate with the award recipient to refine the Project Work Plan to address shared HRSA and Medicaid priorities and changes in the nation's health care landscape.
- Review and support the development of key reports and other activities (i.e., data collection), including review of the publication plan and approval of reports and other specialized materials for general distribution prior to their publication.
- Monitor and support implementation of the Project Work Plan through collaborative meetings, monthly calls, quarterly and annual meetings, and progress report reviews.
- Coordinate efforts with the award recipient to identify and support collaboration across other NOSLO tracks and, if applicable, other relevant national, state, and/or local stakeholder organizations and similar HRSA programs as appropriate.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Using the work plan matrix template provided in Appendix C, collaborate with the HRSA Project Officer on updating and implementing the Project Work Plan based on HRSA-identified priorities and changes in the health care landscape

(e.g., the unwinding of expanded Medicaid coverage that was in place during the COVID-19 public health emergency).

- Participate in meetings, monthly calls, and progress report reviews to support the successful implementation of the Project Work Plan.
- Notify and collaborate with HRSA to update the Project Work Plan regularly; and remain flexible and responsive to emerging issues with health care financing (e.g., to revise current objectives or activities or establish new objectives or activities as needed).
- Collaborate with other NOSLO track award recipients, other relevant national, state, and/or local stakeholder organizations when requested, and coordinate with the HRSA Project Officers to collaborate with similar HRSA programs as appropriate.
- Consult with the HRSA Project Officer on dates for meetings, convenings, or conferences that pertain to the scope of work.
- Plan for HRSA leadership and staff to participate in NOSLO: State Health Services and Financing-funded convenings and other relevant events and/or conferences.

2. Summary of Funding

We estimate $500,000 will be available each year to fund one recipient. Work plans and budgets should be targeted to this level. You may apply for a ceiling amount of up to $500,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2027 (3 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriations
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

Note: Additional funding may become available at HRSA's discretion, but this is not guaranteed. Recipients may request supplemental funding at any point in their period of performance to address unique activities that are connected to, but not duplicative of, the funded scope of work. HRSA may choose to support such supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities are aligned with HRSA priorities and are not duplicative of work performed by HRSA or other HRSA-funded recipients.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

If you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit, or for-profit entities, including community-based organizations, tribal governments, and tribal organizations.

You can apply if your organization is in the United States, 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, or the Republic of Palau and is:

- Public or private, non-profit
- Community-based
- Native American tribal governments [1][2]
- Include any proof of applicant status that you'll require. For example, proof of non-profit status, in Section IV.2. with a cross-reference to this section, if it applies. Ensure that proof of applicant status is broad enough to include tribal governments' and tribal organizations' documentation.

Note: Current NOSLO award recipients are not eligible to apply as the primary recipient for NOSLO State Health Services and Financing Funding.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

[1] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).
[2] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

3. Other

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

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

Multiple Applications

Multiple applications from an organization for NOSLO: State Health Services and Financing are not allowed.

Note: No organization will receive more than one NOSLO award.

Applicants may apply to Grants.gov as many times as they want before the application deadline. The last application that Grants.gov verifies before the deadline will move forward.

We will only review your **last** validated application before the Grants.gov due date.

IV. Application and Submission Information

1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-103 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You are responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit.

Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that is not in the HRSA-24-103 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-103 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[3] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[4]
- If you cannot certify this, you must include an explanation in *Attachment 8-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

We expect that the award recipient funded under this notice will have the following:

- Ability to successfully communicate and engage with State Medicaid Directors and other health care payment officials nationwide.
- Organizational capacity to facilitate the relationship between HRSA and State Medicaid Directors and other health care payment officials through convenings and other engagements.
- Expertise and experience in providing capacity-building support at the national and state levels, including a history of successfully engaging with State Medicaid

[3] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[4] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

Directors and other health care payment officials to preserve and improve public health.

- Experience building relationships with, and knowledge of the needs of, State Medicaid Directors and other health care payment officials.
- Demonstrated comprehensive understanding of the health services and public health landscape to effectively respond to emergent issues and trends.

The award recipient should address activities proposed over the course of the three-year project period. The recipient may propose multi-year activities or new activities each year of the project. By the end of Year 1, the successful award recipient is expected to have:

- Developed a detailed workplan and outreach strategy with HRSA's input.
- Convened State Medicaid Directors, other health care payment officials, HRSA, and key stakeholder organizations to select project priorities that will improve access to quality health care for the populations HRSA serves and are responsive to states' needs and priorities by leveraging HRSA programs and state Medicaid programs; and
- Developed and implemented technical assistance plans that include convenings and products that address the states' needs related to improved access to quality health care for their highest need communities.

Core Activities

The NOSLO: State Health Services and Financing cooperative agreement is designed to be flexible and address the priorities and areas of intersection between HRSA, State Medicaid Directors, State Medicaid programs, other health care payment officials, and key stakeholder organizations. The award recipient may use the funds to establish entirely new initiatives or to build on ongoing efforts, i.e., to build on and supplement ongoing programs and activities, such as policy initiatives driven by organizational leadership and/or membership, or training programs for new State Medicaid Directors and other health care payment officials.

The successful NOSLO: State Health Services and Financing award recipient is expected to:

A. **Analyze policy.** Develop, implement, and evaluate policy or other initiatives related to priority topics in collaboration with participating states and HRSA;

B. **Convene stakeholders.** Convene State Medicaid Directors and other health care payment officials, HRSA, and other key stakeholders at least once a year to share best practices, strategize and align efforts on work towards achieving shared goals;

C. **Develop rapid responses.** Respond to "Rapid Response" information requests under short timeframes on urgent topics to gain insight from the field. The award recipient is expected to dedicate 5% of the budget to responding to these ad-hoc

"Rapid Response" information requests from HRSA about state and local trends and policy development on critical public health topics;

D. **Provide technical assistance and product development.** Provide capacity development activities and effective tools and strategies for ongoing outreach, collaborations, clear communication, and information sharing/dissemination with State Medicaid Directors and other health care payment officials, HRSA, and public health stakeholders;

E. **Plan for sustainability of products.** Develop a plan to make NOSLO: State Health Services and Financing capacity-building resources publicly available after the period of performance ends.

Priority Topic Selection

The award recipient should select topics from the list below that will improve access to quality health care for the populations HRSA serves and are responsive to states' needs and priorities. Where feasible, topics should reach states across the country to achieve a nationwide impact.

Applicants are encouraged to address HHS and HRSA priorities as they relate to State Medicaid Directors and other health care payment officials. The award recipient is strongly encouraged to include one or more of the following public health priorities as a focus of their projects:

- Health collaboration and planning at the state level, including Medicaid offices, on topics such as Medicaid reimbursement/coverage for the community-based workforce (e.g., community-based doulas, peer specialists, and community health workers) and HRSA's investment in training the community workforce;
- Access to maternal care, growing the maternal care workforce, supporting maternal mental health, and addressing the important social supports that are vital to safe pregnancies.
- Strategies to strengthen coordination between HRSA-supported grantees, including HRSA-supported health centers, workforce grantees, and Medicaid, including Medicaid managed care;
- Support services or wraparound services (e.g., transportation) and models for underserved populations that are Medicaid-eligible;
- Strategies to expand Medicaid pre-release services for incarcerated populations and connect people leaving the criminal justice system to Medicaid coverage and services, including through HRSA-funded programs, focusing on medications for opioid use disorder and supports for people with substance use disorders;
- Other emerging priorities as identified by the applicant.

Note: Priorities for focus are anticipated to change over the course of the three-year project period.

HRSA recognizes that there are a variety of models to use when engaging with states and is, therefore, not requiring the award recipient to follow a particular model. Some examples include, but are not limited to:

- Developing cross-discipline teams or affinity groups;
- Convening forums such as policy academies and learning collaboratives to engage in peer-to-peer learning and/or work through a problem;
- Developing state action plans; or
- Developing learning networks.

You may propose joint projects with other applicants in your application; however, a letter of support and commitment is required from each proposed partner (Attachment 4).

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	**Review Criteria**
Introduction	*Criterion 1: NEED AND PURPOSE*
Organizational Information	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED AND PURPOSE*
Approach	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*

Narrative Section	Review Criteria
Work Plan	*Criterion 2: RESPONSE* *Criterion 3*: *EVALUATIVE MEASURES* *Criterion 4: IMPACT* *Criterion 6: SUPPORT REQUESTED*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 4: IMPACT* *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED* – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion 1: NEED AND PURPOSE*
  Briefly describe the purpose of the proposed work. Briefly discuss your organization's target audience, your constituents' need for capacity-building activities, your proposed response to that need, and how you will enhance collaboration and communication between HRSA, HRSA programs and grantees, and State Medicaid Directors and other health care payment officials.

  Organizational Information -- Corresponds to Section V's Review Criterion 3 EVALUATIVE MEASURES and 5 RESOURCES/CAPABILITIES
  Organizational Resources

  1. Describe how your organization currently provides capacity-building assistance to support and disseminate best practices among State Medicaid Directors and other health care payment officials. Demonstrate a strong history of developing and disseminating capacity-building activities to State Medicaid Directors and other health care payment officials nationwide.

  2. List the products (e.g., e-newsletters, website platforms) your organization uses to communicate information to State Medicaid Directors and other health care payment officials.

3. List the major meetings and events your organization typically holds for State Medicaid Directors and other health care payment officials throughout the year, with the number of attendees per meeting/event. Indicate opportunities to incorporate NOSLO: State Health Services and Financing activities and HRSA staff into these meetings/events.

4. List and describe the data that you collect on State Medicaid Directors and other health care payment officials, including how you identify promising practices, needs, priorities, and relevant issues. Indicate whether the data are publicly available and, if not, whether your organization will share the data with HRSA upon request. Discuss how you can leverage this data to collaborate with HRSA quickly and effectively when urgent, emergent, and/or priority issues arise.

Organizational Structure, Staffing, and Project Management

1. Provide a brief overview of the history of your organization. Include your mission and structure (consistent with Attachment 5: Organizational Chart) and the scope of your current activities.

2. Describe how your organizational structure, including your organization's management team (e.g., Chief Financial Officer, Project Director) and any contracts or agreements, is appropriate for the operational and oversight needs of this project.

3. Describe your organization's financial accounting and internal control systems and how they, as well as related policies and procedures, will reflect Generally Accepted Accounting Principles.[5]

4. Discuss the systems and processes that will support your organization's performance management requirements, including a description of your data systems, data management software, and staff with expertise in data collection, data analysis, data reporting, and data management.

5. Provide a proposed staffing plan (consistent with Attachment 2: Staffing Plan and Job Descriptions for Key Personnel). Define all roles and demonstrate why the plan is appropriate for the number and variety of activities to be provided during the period of performance. Include information on how you will recruit and/or retain staff to achieve or maintain the proposed staffing plan.

6. Describe the training, experience, skills, and subject matter expertise of individuals in the roles defined in the proposed staffing plan (consistent with Attachment 3: Biographical Sketches of Key Personnel). If applicable, describe recent changes in key management staff or significant changes in roles and responsibilities.

[3] GAAP are used as defined in HHS Grants Policies and Regulations 45CFR Part 75.

7. Describe how you will ensure that you initiate the proposed activities for Year 1 within 60 days of award by documenting that appropriate staff will be in place. Provide a timeline for hiring, onboarding, and staff development, as needed.

8. Describe past performance managing collaborative federal awards at the national level, including examples of the extent to which measurable accomplishments were completed in full and on time.

Need-- Corresponds to Section V's Review Criterion 1 NEED AND PURPOSE
Describe your stakeholders and outline their needs. Be specific and cite data to the extent possible in your response. Data used to complete this section should be from appropriate sources and reflect the most recent timeframe available. Data collected by your organization (e.g., stakeholder surveys, internal records) are an acceptable source, but provide details about the methodology and sample size.

Discuss how state-level policies affect access to quality health care for the population(s) your project work will address and the role your organization and your organization's key stakeholders play in affecting state policies impacting access to quality health care for this population(s). Please discuss any relevant barriers that the project(s) hopes to overcome.

Reach and Membership

1. Create a table (example below) that depicts the categories of officials served by your organization, the number of officials served in each category, and the percentage of officials your organization reaches in each category. For example, if your organization represents county and local health departments, provide the percentage of county and local health departments your organization serves out of the total number of county and local health departments in the U.S.

Categories of Officials Served	**Total Number of Officials Served Per Category**	**Percentage of Population Served Per Category**
State/Territorial Legislators	X	X%
State Medicaid Directors	X	X%
State CHIP Directors	X	X%
Behavioral Health Officials	X	X%
Governors' Health Policy Officials	X	X%
Cabinet-Level Health Policy Officials	X	X%
Other (specify)	X	X%

2. Provide evidence that your organization has a national reach regarding relationships with and impact upon the officials discussed above and is not a partisan organization.

Alignment of Stakeholder Needs, Organizational Expertise, and HRSA Priorities

1. Describe your target audience's priority issues, unmet capacity-building assistance needs, and any relevant barriers to capacity-building assistance that you hope to overcome through this funding.

2. Outline and prioritize the short-term (<1 year) and medium-term (2-3 years) capacity-building needs of your target audience.

3. Identify the HRSA-related programs, key issues, and populations that are currently of the most interest to your stakeholders.

Approach -- Corresponds to Section V's Review Criterion 2 RESPONSE and 4 IMPACT
Referencing the Core Activities, use the following headings as you complete the Approach section:

For Core Activity A (***Analyze policy.*** *Develop, implement, and evaluate policy or other initiatives related to priority topics in collaboration with participating states and HRSA)*, describe how you will work with participating states and HRSA to develop, implement, and evaluate policy or other initiatives related to priority topics.

For Core Activity B (***Convene stakeholders.*** *Convene State Medicaid Directors and other health care payment officials, HRSA, and other key stakeholders, including public and private sector organizations, at least once a year to share best practices, strategize, and align efforts on work towards achieving shared goals)*, describe how you would arrange a forum (e.g., as part of an annual meeting) for participants described above to share best practices, strategize, and align efforts on work towards achieving shared goals.

For Core Activity C (***Develop rapid responses.*** *Respond to "Rapid Response" information requests under short timeframes on urgent topics to gain insight from the field. The award recipient is expected to dedicate 5% of the budget to responding to these ad-hoc "Rapid Response" information requests from HRSA about state and local trends and policy development on critical public health topics)*, describe how you will respond to ad-hoc Rapid Response information requests from HRSA.

For Core Activity D (***Provide technical assistance and product development.*** *Provide capacity development activities and effective tools (e.g., publications, products, tools, webinars, and other resources) and strategies for ongoing outreach, collaborations, clear communication, and information sharing/dissemination with State Medicaid Directors and other health care payment officials, HRSA, and public health stakeholders),* describe:

1. The types of capacity development activities and effective tools you would develop and disseminate to support effective implementation of the policy initiatives and best practices. Explain why you believe those strategies would be effective.
2. The tools and strategies you will use for ongoing outreach, collaborations, clear communication, and information sharing/dissemination about state needs, policies, and priority areas for State Medicaid Directors and other healthcare payment officials with HRSA and health stakeholders. Be sure to discuss any limitations you may face around information sharing.
3. How you will share information about HRSA programs and initiatives with State Medicaid Directors and other healthcare payment officials.
4. How you will create opportunities for State Medicaid Directors and other healthcare payment officials to engage with HRSA, HRSA programs and grantees, and/or other federal staff to align efforts on work towards achieving shared goals to strengthen the health care safety net.

For Core Activity E (***Plan for sustainability of products.*** *Develop a plan to make NOSLO: State Health Services and Financing capacity-building resources publicly available after the period of performance ends),* describe how you will promote sustainability of project activities so that they continue to have an impact on State Medicaid Directors and other healthcare payment officials. Also describe how you will make NOSLO: State Health Services and Financing capacity-building resources publicly available after the period of performance ends.

Work Plan -- Corresponds to Section V's Review Criterion 2 RESPONSE, 3 EVALUATIVE MEASURES, 4 IMPACT, and 6 SUPPORT REQUESTED
Work Plan Matrix

Submit a three-year work plan matrix (as Attachment 1) for the three-year period of performance using the template provided in Appendix C. The matrix should contain the following elements for each proposed activity within the Core Activities including expected year 1 activities:

- Activity description.
- Responsible individual(s).
- Timeline (e.g., start date, milestones, completion date).
- HRSA settings of care/program that the activity will impact or amplify.
- Expected outcomes and impact.
- Proposed performance measures for outputs and outcomes/impact (<1 year; at the end of the period of performance; after the period of performance).
- Proposed data source for performance measures.
- Target goals.

The Budget Narrative should reflect the strategies described in this work plan.

Work Plan Narrative

In addition to the matrix, answer the following questions in narrative form.

1. Describe how you will implement proposed activities, including how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated milestones and target goals by the end of each year.

2. Address priority selection and project development, including outlining:

    a. How you will convene State Medicaid Directors, other health care payment officials, HRSA, and key stakeholder organizations to select project priorities that will improve access to quality health care for the populations HRSA serves and are responsive to states' needs and priorities; and

    b. How you will develop and implement technical assistance plans that include convenings and products that address the states' needs related to improved access to quality health care for their highest-need communities.

3. Provide evidence of how the proposed activities address the needs identified in the "Need" section.

- *Resolution of Challenges -- Corresponds to Section V's Review Criterion 2 RESPONSE*

    1. Describe any potential obstacles for implementing program performance evaluations and your plan to address those obstacles.

    2. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and outline approaches you will use to overcome such challenges. Include current or anticipated national, state, or local initiatives that may impact milestone and target goal attainment, affect performance measurement, or result in the need to adjust planned activities.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criterion 3 EVALUATIVE MEASURES, 4 IMPACT, and 5 RESOURCES/CAPABILITIES*

    1. Identify and explain your strategy to collect, analyze and track data to measure progress toward the target goals listed in the "Core Activities" section and to fulfill performance measure reporting requirements (see Appendix B).

    2. Describe how you will share your evaluation results with HRSA and be responsive to HRSA's evaluation efforts.

iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: 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 a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan Matrix (Required)

Attach the project's work plan matrix (see Appendix C). Make sure it includes everything that Section IV.2.ii. Project Narrative details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the *Application Guide)*

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your

organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Required) (Do count towards the page limit) Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding (as required to document eligibility)

Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement. If letters of support are *required for eligibility*, include in this attachment.

Attachment 5: Project Organizational Chart (Required)

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

Attachment 6: Indirect Cost Rate Agreement **if applicable** *(Not counted in the page limit)*

Submit a copy of your most recently approved IDC rate agreement, which supports the indirect cost rate requested in the application budget.

Attachment 7: Proof of Non-profit Status **if applicable** *(Does not count towards the page limit)*

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.
- [other attachments]

Attachments 8–15: Other Relevant Documents (no more than 15)

Include any other documents that are relevant to the application. This may include letters of support. Letters of support must be dated and show a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[6]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time, we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

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[6] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

For more details, see Section 3.1 of the *Application Guide.*

*Note***:** Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *May 23, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

NOSLO: State Health Services and Financing does not need to follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, up to $500,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H that reference the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank NOSLO: State Health Services and Financing applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED AND PURPOSE (20 points) – Corresponds to Section IV's Introduction: and Need

Reach and Membership (10 points)

Reviewers will consider the extent to which:

1. The organization's stakeholders align with the NOSLO: State Health Services and Financing target audience (i.e., State Medicaid Directors and other health care payment officials).

2. The organization is not partisan and demonstrates a national reach.

Alignment of Stakeholder Needs, Organizational Expertise, and HRSA Priorities (10 points)

Reviewers will consider the extent to which:

1. The applicant describes the purpose of the proposed work.

2. The organization demonstrates having an adequate existing mechanism in place to gather information reliably and efficiently about stakeholders' needs and priority issues on a regular basis.

3. The priority issues and needs of the organization's stakeholders align with HRSA programs, populations, and priorities.

4. The applicant demonstrates an in-depth understanding of the key issues, challenges, and data needs of the nation's health care safety net, as well as how those factors intersect with the needs of State Medicaid Directors and other health care payment officials.

5. The applicant demonstrates an understanding of relevant barriers and the challenges and opportunities related to improving access to quality health care for the population(s) their projects will address.

6. The applicant demonstrates an understanding of the need for state level, cross-agency collaboration between health and social programs and their state-level stakeholders to meet the Program's goals.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Approach, Work Plan, and Resolution of Challenges

Addressing Core Activities (20 points)

Reviewers will consider the extent to which the applicant clearly and comprehensively:

1. Describes methods and activities that are well designed, capable of addressing the problem, aligned with the Core Activities including expected year 1 activities and contribute to HRSA's priorities.

2. Describes methods and activities that are appropriate and achievable given the needs and characteristics of State Medicaid Directors and other health care payment officials and those of HRSA.

3. Lays out how they will conduct the expected Year 1 activities as well as the Core Activities across all three years of the period of performance and

explains how activities in Years 2 and 3 will build on Year 1 activities to contribute to measurable short- and long-term outcomes and impact.

Resolution of Challenges (5 points)

Reviewers will consider the extent to which the applicant:

1. Describes any potential obstacles to implementing program performance evaluations and the quality of their plan to address those obstacles.

2. Demonstrates how they will identify and respond to internal and external challenges they are likely to face in implementing their proposed work plan, and the quality of the solutions proposed to address those challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Work Plan, Evaluation and Technical Support Capacity, and Organizational Information
Reviewers will consider the extent to which the applicant:

1. Identifies achievable and appropriate goals for evaluating the planning, implementation, outputs, outcomes, and impact of the Core Activities throughout the period of performance.

2. Demonstrates how they will develop achievable, appropriate, and effective processes for evaluating program performance and progress toward the target goals listed in the "Work Plan Matrix" (see Appendix C) sections and fulfilling performance measure reporting requirements (see Appendix B).

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Approach, Work Plan, and Evaluation and Technical Support Capacity

1. The extent to which the applicant clearly and comprehensively links the proposed Core Activities to the needs of State Medicaid Directors and other health care payment officials and to advancing HRSA's missions and programs.

2. The extent to which the applicant demonstrates how they will promote sustainability so that NOSLO: State Health Services and Financing activities continue to have an impact State Medicaid Directors and other health care payment officials after the period of performance ends.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, and Organizational Information

Organizational Resources (15 points)

Reviewers will consider the extent to which the applicant demonstrates:

1. How they will engage and collaborate with HRSA and other federal, state, and territorial officials and organizations to share data, coordinate and align capacity-building activities, and share resources and tools that will amplify

impacts in a complementary manner while reducing any potential duplication of efforts.

2. Experience providing high-quality capacity-building assistance to support and spread best practices that strengthen the health care safety net among State Medicaid Directors and other health care payment officials.

3. Experience facilitating meaningful opportunities for State Medicaid Directors and other health care payment officials to engage with federal staff in public settings. (e.g., conferences).

4. The ability to assist HRSA quickly and effectively when urgent, emergent, and/or priority issues arise by a) flexibly shifting supported efforts toward addressing these priorities, and b) identifying the areas of greatest need, barriers to action, the most critical aspects of the issue to address, and other relevant information.

Organizational Structure, Staffing, and Project Management (10 points)

Reviewers will consider the extent to which the organization demonstrates:

1. The resources and organizational structure necessary to initiate Year 1 activities within 60 days of award, avoid duplication of efforts within the organization, and successfully complete the administrative, evaluation, data collection/storage/sharing, and performance reporting tasks associated with managing the cooperative agreement.

2. An identified project manager with the appropriate skills to implement and carry out the project.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV Budget and Budget Narrative

Reviewers will consider the extent to which the applicant demonstrates:

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results given the scope of work of the project.

2. The reasonableness of the proposed budget in ensuring key staff have adequate time devoted to achieving project objectives. As well as the extent to which the applicant logically documents how and why each line-item request (e.g., personnel, travel, equipment, supplies, and contractual services) supports the goals of the proposed activities.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Analyze the cost of the project/program 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 (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. 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.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.

- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination 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.

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA.
2) **Progress Report**(s). The recipient must submit a progress report to HRSA on a quarterly basis, including reporting on program performance measures listed in Appendix B. The NOA will provide details.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: (301) 443-3243
Email: DGibson@hrsa.gov

Program issues or technical assistance:

Kellie J. Cosby
Public Health Analyst, Office of External Affairs
Attn: National Organizations of State and Local Officials (NOSLO) Program
Office of Intergovernmental and External Affairs
Health Resources and Services Administration
Call: (301) 443-8997
Email: KCosby@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: NOSLO Program Application Tracks

The NOSLO Program has five application tracks:

1. State and Local Public Health Systems (HRSA-23-059, opportunity status: closed)
2. State Health Legislative Education (HRSA-23-058, opportunity status: closed)
3. Health Policy Innovation (HRSA-23-057, opportunity status: closed)
4. State Health Services and Financing (HRSA-24-103)
5. State Governance (HRSA-23-088, opportunity status: closed)

Each NOSLO Program application track shares common activities that strengthen the capacity of the health care safety net, such as enhancing communication between HRSA and key stakeholder groups, providing opportunities for data collection and analysis at the state and/or local levels, connecting and/or convening stakeholders to share best practices, and disseminating information on state and/or local policies and programs that reduce health disparities.

Application Track	State and/or Local Officials Target Audiences	Track Purpose
State and Local Public Health Systems	State, territorial, tribal, and local public health officials, and organizations	Identify and implement health care programs that support states in addressing issues within the public health system to improve access to quality health care for people who are medically and economically vulnerable, with a special emphasis on geographically isolated people in rural areas, people with HIV, people with unmet behavioral health needs, and strengthening the health workforce.
State Health Legislative Education	State and territorial legislators and legislative officials	Support states in preparing for and addressing emerging and other health issues to improve access to quality health care for people who are served by HRSA, with special emphasis on under and uninsured populations, maternal health disparities, geographically isolated people in rural areas, individuals with HIV, people with unmet behavioral health and substance

		use disorder needs, and other vulnerable populations.
Health Policy Innovation	State policy officials and organizations relevant to HRSA programs	Identify health policy changes in the health care landscape and share effective strategies to address emerging national, state, territorial, and local issues, with a special emphasis on health care workforce, maternal health, behavioral health, telehealth strategies including intrastate licensure, under and uninsured populations, homeless and public housing populations, and other vulnerable people.
State Health Services and Financing	State Medicaid Directors and other health care payment officials	Assist states in leveraging HRSA programs and collaborating with Medicaid to improve access to quality health care for high need communities. Activities should include but are not limited to fostering collaborations to address maternal health disparities, bolster the health workforce, integrate behavioral health into primary care, and expand access to care for people in high need communities, such as those who live rural areas, are exiting incarceration, have HIV, and youth with unmet behavioral health needs.
State Governance	State and territorial governors and their policy advisors	Identify or develop and implement solutions to the public health challenges governors face in their state systems by leveraging HRSA investments. This work will support the development of innovative state public health activities to improve access to quality health care for people who are medically and economically vulnerable, with a special emphasis on under and uninsured populations, maternal health disparities, people with unmet behavioral health needs, including youth, justice involved

		populations, and other vulnerable people.

NOSLO: State and Local Public Health Systems

National organizations of state, territorial, tribal, and local public health officials and organizations who can facilitate collaboration, disseminate successful innovations, and improve capacity-building in partnerships with HRSA stakeholders while also reducing redundancy. These stakeholders include HRSA grantees (e.g., health centers, Ryan White recipients, State Offices of Rural Health, workforce grantees, Title V grantees, and others), organizations/individuals that work directly with HRSA grantees and award recipients, and other organizations that support health care safety net populations (e.g., state or local health departments, tribal health organizations). These organizations promote cross-sector collaboration and inform federal, state, territorial, tribal, local, and community health officials and leaders about priority topics. They also provide technical assistance and training on topics such as organizational quality improvement, and community health needs assessment and planning frameworks.

Previous award recipients have collaborated with HRSA regional offices and conducted state-level and regional projects that involve other HRSA-funded organizations.

NOSLO: State Health Legislative Education

National organizations of state and territorial legislators and legislative officials are able to provide their constituents thorough, comprehensive, and nonpartisan information on complex health policy issues. These organizations serve as established sources of research, legislative tracking, promising practices, and connections to officials from other states and jurisdictions that are addressing similar issues. Through this cooperative agreement, HRSA can support nonpartisan technical assistance and related educational materials/activities to implement public health goals. State and territorial legislators and legislative officials shape the health care landscape and identify and address emerging public health concerns for their constituents. In addition, they can generate creative solutions for overcoming obstacles to the effective implementation of public health programs/initiatives.

NOSLO: Health Policy Innovation

National organizations of state policy officials and organizations relevant to HRSA programs are able to provide their constituents with thorough, comprehensive, and nonpartisan information on complex health policy issues. These organizations serve as established and trusted sources of research, legislative tracking, promising practices, and connections to officials from other states, territories, and other jurisdictions that are addressing similar issues. By collaborating with such organizations, HRSA can support nonpartisan technical assistance and related educational materials/activities around HRSA priorities.

NOSLO: State Health Services and Financing

National organizations with an in-depth understanding of health care-related payment and financing policies at the national, state, and territorial levels can connect the key entities able to solve critical health care problems that affect people who are geographically isolated or economically or medically vulnerable.

These organizations have experience developing high-quality, non-partisan, policy analysis and policy-related research on health care financing, innovative care/payment models, and payment reform. They provide technical assistance to support officials and entities overseeing health care-related payment and related finance mechanisms. These officials and entities include Medicaid directors, insurance commissioners, state/territorial legislators, state/territorial/local public health departments, behavioral health officials, and health policy advisors.

NOSLO: State Governance

National organizations of state and territorial governors and their policy advisors can provide their constituents thorough, comprehensive, and nonpartisan information on complex health policy issues. These organizations serve as established and trusted sources of research, legislative tracking, promising practices, and connections to officials from other states, territories, and other jurisdictions that are addressing similar issues. By collaborating with such organizations, HRSA can support nonpartisan technical assistance and related educational materials/activities around HRSA priorities. Governors and their policy advisors shape the health care landscape and can identify and address emerging public health concerns for their constituents. In addition, they affect the sustainability of HRSA's investments and can generate creative solutions for overcoming obstacles to the effective implementation of public health programs/initiatives.

Appendix B: NOSLO Program Performance Measures

To maintain flexibility in the topics to account for emerging HRSA priorities, HRSA and the award recipient may identify activity-specific performance measures at the start of each project period as necessary.

In addition to those measures, HRSA will use the following measures (subject to change) to assess performance every quarter over the course of the period of performance.

Note: Additional details will be available after the Notice of Award.

Reported by Award Recipient

Organizational Fit

1. Describe if the reach of the organization declined, remained stable, or increased.
2. List the collaborative activities with other NOSLO Program award recipients.

Core Activities

Report on the following outputs:

- Number of convenings and publications (total, by type and topic)
- Number of convening participants (by type, state/territory)
- Number of publication downloads (by publication), webpage views, social media mentions
- Number of policies tracked by state/territory

Goals/Outcomes:

- Increased collaborations between HRSA, HRSA-funded entities and Medicaid offices/plans.
- Increased awareness and understanding of priority topics among state and territorial officials.
- Increased awareness and understanding of state and territorial needs and priorities among HRSA staff.
- Improved data sharing, communication, and coordination across HRSA programs, grantees, and state and territorial officials.

Appendix C: NOSLO Project Work Plan Matrix Template

Three-Year Work Plan Matrix (9/30/2024 – 9/29/2027)

Project or Activity Overview:				
Target Goal(s): 1. 2. Performance measures and data sources to be used: 1. 2. 3.				
Description of Activity *(including Core Activities and expected year 1 activities)*	Responsible individual(s)	Timeline & Milestones	HRSA Setting of Care/Program (e.g., Health Center, Healthy Start, National Health Service Corps)	Outcomes and Impact

Appendix D: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 2: Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or contracts	*My attachment = ___ pages*
Attachments Form	Attachment 4: Proof of Non-profit Status	*(Does not count against the page limit)*

Standard Form Name *(Forms themselves do not count against the page limit)*	**Attachment File Name** *(Unless otherwise noted, attachments count against the page limit)*	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 5	*My attachment = ___ pages*
Attachments Form	Attachment 6	*My attachment = ___ pages*
Attachments Form	Attachment 7	*My attachment = ___ pages*
Attachments Form	Attachment 8	*My attachment = ___ pages*
Attachments Form	Attachment 9	*My attachment = ___ pages*
Attachments Form	Attachment 10	*My attachment = ___ pages*
Attachments Form	Attachment 11	*My attachment = ___ pages*
Attachments Form	Attachment 12	*My attachment = ___ pages*
Attachments Form	Attachment 13	*My attachment = ___ pages*
Attachments Form	Attachment 14	*My attachment = ___ pages*
Attachments Form	Attachment 15	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-103 is 60 pages		**My total = ____ pages**