U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Hospital State Division

Targeted Technical Assistance for Rural Hospitals Program

Funding Opportunity Number: HRSA-23-044

Funding Opportunity Type(s): New, Competing Continuation

Assistance Listings Number: 93.912

Application Due Date: March 7, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: December 21, 2022

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: 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.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Targeted Technical Assistance for Rural Hospitals Program. The purpose of this program is to improve health care in rural areas by providing targeted, in-depth technical assistance to rural hospitals within communities struggling to maintain health care services. The goal is for residents in rural areas to continue to have access to essential health care services.

This notice 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 program may be cancelled before award.

Funding Opportunity Title:	Targeted Technical Assistance for Rural Hospitals Program
Funding Opportunity Number:	HRSA-23-044
Due Date for Applications:	March 7, 2023
Anticipated FY 2023 Total Available Funding:	$800,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to $800,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023, through August 31, 2028 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, for-profit or non-profit entities.

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Day and Date: Thursday, January 12, 2023
Time: 3 – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1614513769?pwd=R3ErYjhRTVRLWmU4MjN3MTVMSTZkQT09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Meeting ID: 161 451 3769

HRSA will record the webinar. Please contact JMeyers@hrsa.gov for playback information 48 hours after the live event.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Targeted Technical Assistance for Rural Hospitals Program (TTAP).

The purpose of this cooperative agreement is to improve healthcare in rural areas by providing targeted, in-depth technical assistance to rural hospitals within communities struggling to maintain health care services. The goal is for residents in rural areas to continue to have access to essential health care services.

The recipient will work with individual hospitals to address challenges to sustaining access to essential health care services, understand community health needs and resources, and find ways to ensure communities can keep needed care locally, whether it is with a more limited set of services provided by the hospital, or by exploring other mechanisms for meeting community health care needs.

For this cooperative agreement, "rural hospitals" are defined as short-term, non-federal general facilities located outside Metropolitan Core-Based Statistical Areas (CBSAs) or located within Metropolitan areas in locations with Rural-Urban Commuting Area (RUCA) codes of four (4) or greater, or facilities in any location participating in Medicare as Critical Access Hospitals (CAHs). Hospitals operated by tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) may also receive technical assistance.

2. Background

This program is authorized by 42 U.S.C. 912(b) (§ 711(b) of the Social Security Act), which provides HRSA's Federal Office of Rural Health Policy (FORHP) authority to "administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas." This program is being renamed from the Vulnerable Rural Hospitals Assistance Program (HRSA-18-121).

Since January 2005, 182 rural hospitals have closed in the U.S., representing 99 complete closures (facilities no longer providing healthcare services) and 83 converted closures (facilities no longer providing in-patient care, but continuing to provide some healthcare services [e.g., primary care]. Of the 182 rural hospital closures, 139 hospitals have closed since 2010.[1]

HRSA-supported research found that, between 2017-2020, in the year before closure, most rural hospitals had a negative operating margin, negative total margin, and few

[1] The University of North Carolina, "Rural Hospital Closures," 2022. Available at: Rural Hospital Closures - Sheps Center (unc.edu)

days cash on hand. When compared to hospitals that remained open during this same time period, most rural hospitals that closed were much more unprofitable and much less liquid. The closed hospitals were clustered in the Southeast and South-central census divisions. This research suggests that profitability and liquidity are important in predicting financial distress and rural hospital closure.[2]

According to the American Hospital Association's report, Rural Hospital Closures Threaten Access, Solutions to Preserve Care in Local Communities, contributing factors to rural hospital closure include, most notably, financial pressures, challenging patient demographics and staffing shortages.[3]

A 2020 Government Accountability Office report found that Medicare fee-for-service (FFS) beneficiaries in service areas with rural hospital closures were less healthy than those in service areas without closures. Specifically, the report found that Medicare FFS beneficiaries in service areas with closures had a higher prevalence of the 10 most common chronic conditions, compared to those in service areas without closures. This report also found that when hospitals closed, residents living in the closed hospitals' service areas would have to travel substantially farther to access certain health care services. The report findings indicate the median distance increased about 20 miles from 2012 to 2018.[4] Consequently, this program is designed to provide technical assistance to rural hospitals that will ensure continued local access to essential health care services for the hospital community, whether it is a more limited set of services provided by the hospital or by exploring other mechanisms for meeting the health care needs of the hospital community

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

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[2] Osgood AS, Pink GH. Rural Hospitals that Closed between 2017-20: Profitability and Liquidity in the Year before Closure. NC Rural Health Research Program, UNC Sheps Center. November 2021.

[3] American Hospital Association. (2022), Rural hospital Closures Threaten Access, Solutions to Preserve Care in local Communities. https://www.aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf,

[4] United State Government Accountability Office. 2020. Rural Hospital Closures Threaten Access, Solutions to Preserve Care in Local Communities [GAO-21-93] https://www.aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Providing consultation to the recipient to help identify communities, prioritize activities and assess progress made in achieving the goals of this cooperative agreement;
- Facilitating introductions to other HRSA programs, federal agencies and other HRSA award recipients as their work may pertain to assisting rural hospitals
- Sharing of relevant program data to ensure the greatest impact of TA efforts in the rural communities served; and
- Reviewing proposed outcome measures specific to TA provided.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Applying knowledge of FORHP, HRSA and other programs to link stakeholders to appropriate resources and programs;
- Consulting with HRSA in marketing available services, benefits of participation, selection of hospitals and ongoing implementation of proposed activities;
- Ensuring interventions are responsive to the needs of the hospital community to ensure community buy-in, including criteria to ensure commitment from key hospital and community leaders for active engagement during the project and sustaining activities afterwards;
- Working with the selected hospitals to assure residents in rural areas continue to have access to essential health services locally;
- Evaluating the impact of the technical assistance and the broader work of the cooperative agreement;
- Developing resources based on technical assistance to add to the information and resources currently available to rural areas making decisions about what their health care system should look like in the future, to include on the Rural Health Information Hub;
- Participating in monthly calls with FORHP; and
- Providing services only to rural hospitals not already receiving similar TA from other federal programs.

2. Summary of Funding

HRSA estimates approximately $800,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $800,000 annually (reflecting direct and indirect costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds

become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2023 through August 31, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for TTAP in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, for-profit or non-profit entities. Domestic faith based and community-based organizations, tribes, and tribal organizations are also eligible to apply. This eligible applicant (award recipient) will provide targeted technical assistance to selected rural hospitals.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-044 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.

- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-044, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-044 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 9: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide*.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to* Section V's Review Criterion 1 Need

  The introduction should demonstrate a clear understanding of the purpose of this cooperative agreement and briefly describe the proposed project for providing targeted, in-depth assistance to rural hospitals that will ensure continued local access to essential health care services for the hospital community.

- *NEEDS ASSESSMENT* -- Corresponds to Section V's Review Criterion 1 Need
  Describe your understanding of community health needs and the associated implications when a rural hospital can no longer provide essential health care services. Demonstrate your understanding at the national level of challenges rural hospitals face in sustaining access to essential health care services that may help to inform this project's work. Describe how technical assistance will support equitable care for all rural residents.

- *METHODOLOGY* -- Corresponds to Section V's Review Criteria 2 *Response* and 4 Impact
  Describe the approach you will use to identify and select hospitals to receive targeted in-depth assistance and the strategies to address the stated needs. As each hospital will differ, it is important that the technical assistance approach is tailored to specific needs and resources. Given the variability of need and scope of services required to provide support to each hospital, the number of hospitals served each year may vary.

  Describe the approach you will use to identify and select hospitals to receive targeted in-depth assistance and how hospitals will be prioritized based on the selection criteria

  Discuss the process for marketing the benefits of participation and the availability of services through this program to hospitals nationally.

  Describe how the proposed program will directly benefit the selected hospitals and ensure that the hospital community continues to have access to essential health care services.

  Discuss the strategy for assessing hospital community demographics, health care needs and the current health care system (including hospital, primary care clinics, and emergency medical services) to inform the approach.

  Discuss strategy for collaborating with the hospitals in providing technical assistance regarding decisions about what their health care system should look like in the future.

  Discuss the method for determining hospital level of readiness for technical assistance, including adequacy of resources and support to fully participate and successfully implement program recommendations.

  Discuss the method for developing resources that contribute to what is currently available to rural hospitals challenged with maintaining essential healthcare services and making decisions on the future of their community's health care system.

  Discuss outreach efforts to disseminate program resources to appropriate hospital leadership and staff, including strategy to maximize utilization of resources.

  Discuss approach to foster collaboration and commitment from key hospital leaders for active engagement during the project and in sustaining activities after completion of the TA services.

  Discuss approach to ensure the selection of a designated program lead that is actively engaged and able to ensure participation of hospital leadership team and other staff, as appropriate.

Demonstrate the impact and effectiveness of the proposed project in maintaining local access to essential health care services and for sustaining the project after federal funding ends.

- *WORK PLAN -- Corresponds to* Section V's Review Criteria 2 *Response* and Impact

  The work plan should complement the Methodology narrative and describe the connection among the cooperative agreement's goals, objectives, activities, timeline, responsible staff, progress or process measures, and the projected outcome for each activity. Identify meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities. The work plan will represent year one of the period of performance. Table format is recommended. Include in the application as **Attachment #1**.

- *RESOLUTION OF CHALLENGES* -- Corresponds to Section V's Review Criterion 2 Response

  Discuss solutions to address challenges and barriers implementing activities in the work plan.

  Discuss barriers specific to providing technical assistance to rural hospitals struggling to maintain essential health care services and how you will resolve these challenges. Barriers may include geographic, socioeconomic, cultural, or other barriers.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 Evaluative Measures*

  Describe strategy to collect, track, and analyze data to measure outcomes and the use of this information for continuous performance improvement.

  Discuss the measures you will use to evaluate the impact of both the technical assistance and the overall impact of the cooperative agreement and explain how the evaluative measures will assess: 1) the extent to which the program objectives have been met, and 2) to what extent accomplishments can be attributed to the project.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources/Capabilities*

  Describe your organization's current mission, structure, and scope of current activities, and describe how these elements contribute to the organization's ability to meet program expectations and requirements. Include an organizational chart as **Attachment #5**.

Discuss any contracts that you are proposing to achieve project's goals and objectives and describe your oversight role, if applicable.

Describe the organization's experience through examples of knowledge and skills of current staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel as **Attachment # 2**. Include biographical sketches for all key personnel as **Attachment #3**.

Provide specific examples of prior experience conducting rural hospital and rural community assessments and providing assistance to rural hospitals and other rural community providers in areas of quality, finance and operations. Examples should include experience working with hospitals and health systems to reduce or eliminate services. Discussion should include the outcomes and results of these experiences to show that they were successful.

Include Letters of Agreement, Memoranda of Understanding, etc. as **Attachment #4**.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), 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." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You

must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverables. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts your current organizational structure, including key personnel and staffing for the project.

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Progress Report **(FOR COMPETING CONTINUATIONS ONLY)**

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications. See Section V.2 Review and Selection Process for a full explanation of funding priorities and priority points.

The progress report should be a brief presentation of the accomplishments in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (dates).

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Fifteen is the maximum number of attachments allowed.

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***March 7, 2023, at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Targeted Technical Assistance for Rural Hospitals Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $800,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award

funds appropriately. 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 of the Consolidated Appropriations Act, 2022(P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

- You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide.* Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria. However, if a progress report is submitted with a competing continuation application, HRSA program staff will review the report after the objective review process.

Six review criteria are used to review and rank TTAP Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's *Introduction* and *Needs Assessment*

The extent to which the applicant:

- Demonstrates a clear understanding of the purpose of this cooperative agreement and describes the proposed project for providing targeted in-depth technical assistance to rural hospitals that will ensure continued local access to essential health care services for the hospital community.
- Clearly identifies specific goals, objectives, and outcomes for the five-year period of performance.
- Demonstrates a clear understanding of community health needs and the associated implications when a rural hospital can no longer provide essential health care services.
- Demonstrates understanding at the national level of challenges rural hospitals face in sustaining access to essential health care services that may help to inform this project's work.
- Describes how technical assistance will support equitable care for all rural residents.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's *Methodology, Work Plan* and Resolution of Challenges

Hospital Selection Strategy (8 points)

The extent to which the applicant:

- Explains how hospitals will be prioritized based on the selection criteria.
- Describes the approach you will use to identify and select hospitals to receive targeted in-depth technical assistance.
- Discusses the process for marketing the benefits of participation and the availability of services through this program to rural hospitals nationally.
- Explains the criteria for ensuring commitment from key hospital leaders for active engagement during the project and for sustaining activities afterwards.

- Discuss the strategy for assessing hospital community demographics, health care needs and the current health care system (including hospital, primary care clinics, and emergency medical services) to inform the approach.
- Discusses the method for determining hospital level of readiness for technical assistance, including adequacy of resources and support to fully participate and successfully implement program recommendations.
- Discusses approach to ensure the selection of a designated program lead that is actively engaged and able to ensure participation of hospital leadership team and other staff, as appropriate.

Technical Assistance Strategy (10 points)

- Describes how the proposed program will directly benefit the selected hospitals and ensure that the hospital community continues to have access to essential health care services.
- The strength of the discussion on the approach for developing recommendations based on the strategy for keeping services local, to the extent possible, and describes how you will work with each hospital to implement the strategy.

Work Plan (5 points)

- Describe the activities to achieve each proposed objective, in alignment with the Methodology section. Include a timeline, progress or process measures, the intended outcome of each activity and identify responsible staff.
- Identify meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities.

Communication Plan (7 points)

- The strength of the communication strategy for working with stakeholders and disseminating program resources to appropriate hospital leadership and staff, including strategy to maximize utilization of program resources.
- The strength of the discussion on developing resources to add to what is currently available to hospitals challenged with maintaining essential healthcare services and making decisions about the future of their community's health care system.
- Explains activities for developing and disseminating information and resources through this project that could have an impact beyond the communities served.

Resolution of Challenges (5 points)

- The strength of the discussion on proposed solutions to address challenges and barriers in implementing activities in the work plan.

- The strength of the discussion on barriers specific to providing technical assistance to hospitals struggling to maintain essential health care services and how you will resolve these challenges. Barriers may include geographic, socioeconomic, cultural, or other barriers.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The sufficiency of the proposed strategy for collecting, tracking, and analyzing data to measure outcomes and the use of this information for continuous performance improvement.
- The extent to which the proposed measures are adequate to evaluate the impact of both the technical assistance and the overall impact of the cooperative agreement.
- The extent to which the applicant provides evidence that the evaluative measures will assess: 1) to what extent the program objectives have been met, and 2) to what extent accomplishments can be attributed to the project.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan and *Methodology*

The extent to which the application:

- Describes how the work plan will achieve the goal of this cooperative agreement.
- Demonstrates the impact and effectiveness of the proposed project in maintaining local access to essential health care services and for sustaining the project after federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information

The extent to which the application:

- Describes your organization's current mission, structure, and scope of current activities, and describe how these elements contribute to the organization's ability to meet program expectations and requirements. Includes an organizational chart as **Attachment #5**.
- Discusses any contracts that you are proposing to achieve project's goals and objectives and describe your oversight role, if applicable.

- Describes the organization's experience through examples of knowledge and skills of current staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel as **Attachment # 2**. Include biographical sketches for all key personnel as **Attachment #3**.
- Provide specific examples of prior experience conducting rural hospital and rural community assessments and providing assistance to rural hospitals and other rural community providers in areas of quality, finance and operations. Examples should include experience working with hospitals and health systems to reduce or eliminate services. Discussion should include the outcomes and results of these experiences to show that they were successful. Include Letters of Agreement, Memoranda of Understanding, etc. as **Attachment #4**.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget *and* Budget Narrative

- The extent to which the applicant provides a five-year detailed and reasonable budget presentation that supports the objectives and complexity of the proposed activities.
- The extent to which key personnel have adequate time devoted to achieving project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Priority

This program includes a funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points.

The Targeted Technical Assistance for Rural Hospitals Program has one funding priority:

Priority 1: Competing Continuation Progress Report (2 Points)

You will be granted a funding priority if:

The applicant has submitted **Attachment 8**, Competing Continuation Progress Report, and the information establishes previous effective experience in providing TA to the stakeholders supported under this cooperative agreement.

- Clearly describes the specific goals and objectives of the previous five-year period of performance. Clearly summarizes previous period of performance objectives and associated activities (both ongoing and completed) as well as explains contingency plans for incomplete activities.
- Identifies which goals were and were not met, if those met were within the original proposed time period and the reasons why if not met.
- Identifies lessons learned and uses those lessons to inform planning and activities for the new period of performance. **Note: Evidence of lessons learned being incorporated into this competing continuation application should be referenced in Project Narrative.**

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Recipient Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity,

business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-

rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please 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 and assist HRSA recipients in meeting their civil rights obligations. 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

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under

awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. More information will be available in the NOA.

2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Lissette Young
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 287-9864
Email: lyoung@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Jeanene Meyers
Public Health Analyst
Attn: Targeted Technical Assistance for Rural Hospitals Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-2482
Email: JMeyers@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov67yhn
Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs).

Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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