# U.S. Department of Health and Human Services


## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Office of Intergovernmental and External Affairs

Office of External Affairs

**National Organizations of State and Local Officials: State and Local Public Health Systems**

**Funding Opportunity Number:** HRSA-23-059

**Funding Opportunity Type(s):** Competing Continuation, New

**Assistance Listings Number:** 93.011

## Application Due Date: July 6, 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:** *June 6, 2023*

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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

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 National Organizations of State and Local Officials (NOSLO) Program: State and Local Public Health Systems.

The purpose of the NOSLO 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.

The NOSLO: State and Local Public Health Systems cooperative agreement identifies and implements 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 care workforce.

| | |
|---|---|
| Funding Opportunity Title: | National Organizations of State and Local Officials: State and Local Public Health Systems |
| Funding Opportunity Number: | HRSA-23-059 |
| Due Date for Applications: | July 6, 2023 |
| Anticipated FY 2023 Total Available Funding: | Up to $700,000 |
| Estimated Number and Type of Award(s): | One cooperative agreement |
| Estimated Annual Award Amount: | Award amount: Up to $700,000 per year, subject to the availability of appropriated funds. If additional funds become available, budgets will increase to a higher amount. |
| Cost Sharing/Match Required: | No |

| | |
|---|---|
| Period of Performance: | September 30, 2023 through September 29, 2026 (3 years) |
| Eligible Applicants: | Eligible applicants include domestic public or private, non-profit or for-profit entities, including community-based organizations, tribes, and tribal organizations.<br><br>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:

Tuesday, June 13, 2023

1 p.m. – 2 p.m. ET

https://hrsa-gov.zoomgov.com/j/1619008122?pwd=TkVzbGNvWVRvQ0VrSmp2MEhsbVlIUT09

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

Call-In Number: 833-568-8864

Meeting ID: 161 900 8122
Passcode: 32052975

HRSA 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 and Local Public Health Systems to fund a national level organization with an in-depth understanding of, and experience with, providing technical assistance and support to state, territorial, tribal, and local public health officials and organizations.

The purpose of the NOSLO 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. To fulfill the purpose, the NOSLO program has the following objectives: 1) facilitate communication and data/information-sharing between HRSA and state, territorial, and/or local officials, 2) improve understanding of state, territorial, and/or local needs, priorities, and perspectives, and 3) support capacity-building activities at the state, territorial, and/or local levels that strengthen the health care safety net and advance public health goals. The term "capacity-building" includes actions that build, strengthen, and maintain the necessary competencies and resources to improve health services delivery to people who are geographically isolated and/or economically or medically vulnerable.

The NOSLO: State and Local Public Health Systems cooperative agreement identifies and implements 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 care workforce. The successful recipient is expected to provide tailored technical assistance to state, territorial, tribal, and local public health officials and organizations to address HRSA's priorities through:

- Communication and information sharing between HRSA and state, territorial, tribal, and local public health officials and organizations and
- Training; data collection, sharing, and analysis; publication development; convenings, (e.g., learning exchanges on priority topics); and other activities that enable state, territorial, tribal, and local public health officials and organizations to operate in a responsive, coordinated, and effective manner.

**Program Objectives**

- Engage state, territorial, tribal, and local public health officials and organizations 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. Where feasible, these initiatives can be shared across multiple states to achieve a nationwide impact.

- Implement technical assistance activities and tools for innovative solutions to address issues within the public health system that will improve access to quality health care to address the following: 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.

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 Services, 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 and Local Public Health Systems Track*

HRSA's mission is to expand 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, serving over 30 million people in historically underserved communities and reaching more than 1,500 rural counties and municipalities across the country. HRSA also leads health workforce development and training programs that connect skilled health care providers to communities in need and increasingly funds training for primary care physicians, pediatricians, and others to address mental health and substance use disorder. In addition, HRSA's Ryan White HIV/AIDS Education and Training Center Program trained over 57,000 health care professionals treating people with HIV. State and local public health agencies are entrusted with the power to make decisions around emerging public health issues such as health care workforce development, ending the HIV epidemic, and health care access in rural communities.

State, territorial, tribal, and local public health officials have a unique understanding and ability to address the public health challenges facing their communities. The NOSLO: State and Local Public Health Systems track award recipient facilitates a relationship between HRSA and key stakeholders.

Highly qualified applicants include national organizations knowledgeable about the needs of state, territorial, tribal, and local public health officials and organizations, have a history of successfully building the capacity of state, territorial, tribal, and local public health officials and organizations to preserve and improve state and local health care

services and public health systems, 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, and identify challenges in the state, territorial, and local policy landscape that require attention.

***NOSLO: State and Local Public Health Systems 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

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

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 the performance of the contemplated project.

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

- Collaborate with the award recipient to refine the Project Work Plan to address shared HRSA and state and local public health systems 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 local stakeholder organizations and similar HRSA programs as appropriate.

**In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's 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 public health emergency unwinding).
- 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 and other health issues (e.g., to revise current objectives or activities or establish new objectives or activities as needed).
- Collaborate with other NOSLO track award recipient, other relevant national, state, and 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 and Local Public Health Systems-funded convenings and other relevant events and/or conferences.

**2. Summary of Funding**

HRSA estimates $700,000 to be available annually to fund one recipient. Work plans and budgets should be targeted to this level. You may apply for a ceiling of up to $700,000 annually (reflecting direct and indirect costs) per year. If additional funds become available budgets will increase to a higher range. 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 30, 2023 through September 29, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for State and Local Public Health Systems in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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.

HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if the applicant is unsuccessful in the completion of the goals listed in the application.

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, non-profit or for-profit entities, including community-based organizations, Tribes, and tribal organizations.

### 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:

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

NOTE: Multiple applications from an organization for NOSLO: State and Local Public Health Systems are not allowed.

NOTE: Organizations may apply for multiple NOSLO Program application tracks. You must submit each application separately, and under the correct opportunity number.

NOTE: While you may apply for multiple NOSLO Program application tracks, no organization will receive more than one NOSLO award.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept and review your **last** validated electronic submission under the correct funding opportunity number 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-23-059 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 budget figures expressed in 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 number of pages that count toward the page limit shall be no more than **60 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section 3. Eligibility Information of the NOFO.

These attachments don't 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 attachments that don't count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-059 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

**Applications must be complete and validated by Grants.gov under HRSA-23-059 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 9-15: Other Relevant Documents*.

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

**Program Requirements and Expectations**

HRSA expects that the award recipient funded under this notice will have the following:

- Expertise and experience at both the national, state, and local levels.
- Organizational capacity to establish a relationship between HRSA and state, territorial, tribal, and local public health officials, and organizations.
- Expertise in providing capacity-building support including a history of successfully building the capacity of state, territorial, tribal, and local public health officials and organizations to preserve and improve public health.
- Experience building relationships with and have knowledge of the needs of state, territorial, tribal, and local public health officials and organizations.
- Comprehensive understanding of the public health landscape to effectively respond to emergent issues and trends.

The award recipient should address 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 an outreach strategy with HRSA's input, to determine which states will participate;
- Convened state, territorial, tribal, and local public health officials and organizations, HRSA, and other key stakeholders, including public and private sector organizations to select project priorities; 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

NOSLO: State and Local Public Health Systems is designed to be flexible and address the priorities and areas of intersection between HRSA and state, territorial, tribal, and local public health officials and 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, territorial, tribal, and local public health officials and organizations.

The successful NOSLO: State and Local Public Health Systems 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, territorial, tribal, and local public health officials and organizations, 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 territorial, tribal, and local public health officials and organizations, HRSA, and other key stakeholders;

E. **Plan for sustainability of products.** Develop a plan to make NOSLO: State and Local Public Health Systems 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, territorial, tribal, and local public health officials and organizations. As relevant, applicants are encouraged to align activities with national strategies such as Healthy People, HHS Health Disparities Action Plan, HHS Strategic Plan, and the National HIV/AIDS Strategy.

The award recipient is strongly encouraged to include one or more of the following public health priorities as the focus of their projects:

- Health care workforce development and resiliency strategies for community health workers, doulas, peer specialists, etc.;
- Health care workforce shortages for local and state health departments;
- State training on the collection of workforce data about behavioral health paraprofessionals and non-clinical social workers;
- Ending the HIV Epidemic, including criminalization laws and impact on care for people with HIV;
- Telehealth (e.g., licensure, broadband, etc.);
- Health care access in rural communities; and
- 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. A few examples are outlined below. This list is not meant to be comprehensive:

- 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, etc.

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

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 and Purpose |
| Needs Assessment | (1) Need and Purpose |
| Methodology | (2) Response<br>(4) Impact |
| Work Plan | (2) Response<br>(3) Evaluative Measures<br>(4) Impact<br>(6) Support Requested |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures<br>(4) Impact<br>(5) Resources/Capabilities |
| Organizational Information | (3) Evaluative Measures<br>(5) Resources/Capabilities |
| Budget and Budget Narrative | (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 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 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 and state, territorial, tribal, and local public health officials and organizations.

- ***NEEDS ASSESSMENT*** *– Corresponds to Section V's Review Criterion 1 – "Need and Purpose"*
  Describe your constituents 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., constituent 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 Departments of Public Health | X | X% |
| Tribes and Tribal-serving Organizations | X | X% |
| State/Territorial Health Officials | X | X% |
| Local Health Officials | X | X% |
| Behavioral Health Officials | X | X% |
| Other (specify) | X | X% |

2. Provide evidence that your organization is nonpartisan/bipartisan and has a national reach regarding relationships with and impact upon the officials discussed above.

Alignment of Constituent 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 constituents.

- ***METHODOLOGY*** *-- Corresponds to Section V's Review Criterion 2 –* *"Response"* *and 4 –* *"Impact"*

  Referencing the Core Activities, use the following headings as you complete the Methodology 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, territorial, tribal, and local public health officials and organizations, HRSA, and other key stakeholders 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 policy officials and organizations relevant to HRSA programs, 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 and local needs, policies, and priority areas for state policy officials and organizations relevant to HRSA programs 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 policy officials and organizations relevant to HRSA programs.
4. How you will create opportunities for state policy officials and organizations relevant to HRSA programs to engage with HRSA and 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 and Local Public Health Systems 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 policy officials and organizations relevant to HRSA programs. Also describe how you will make NOSLO: State and Local Public Health Systems 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 (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).
  - 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 for outputs and outcomes/impact.

  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 develop a selection or outreach strategy, with HRSA's input, to determine which states will participate on which issues and how you will follow that process to select states;

     b. How you will convene state, territorial, tribal, and local public health officials and organizations, HRSA, and other key stakeholders, including public and private sector 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

     c. 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 "Needs Assessment" 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 Criteria 3 – "Evaluative Measures," 4 – "Impact," and 5 – "Resources/Capabilities"*

    1. Describe your 3-year plan to evaluate program performance. Be sure to discuss how your performance evaluation efforts will demonstrate how, over the period of performance, you have developed products and achieved results that would not be possible without NOSLO: State and Local Public Health Systems funding. Include a timeline.

    2. 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).

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

- ***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 spread best practices among state, territorial, tribal, and local public health officials and organizations. Demonstrate a strong history of developing and disseminating capacity-building activities to state, territorial, tribal, and local public health officials and organizations nationwide.

    2. List the media products (e.g., publications, e-newsletters, postcards, social media platforms) your organization uses to communicate information to state, territorial, tribal, and local public health officials and organizations.

    3. List the major meetings and events your organization typically holds for state, territorial, tribal, and local public health officials and organizations throughout

the year, with the number of attendees per meeting/event. Indicate opportunities to incorporate NOSLO: State and Local Public Health Systems activities and HRSA staff into these meetings/events.

4. List and describe the data that you collect on state, territorial, tribal, and local public health officials and organizations, 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 2: 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.[1]

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 3: 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 Question 6 (consistent with Attachment 4: Biographical Sketches of Key Personnel). If applicable, describe recent changes in key management staff or significant changes in roles and responsibilities.

[1] 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.

### 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, 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 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate 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 Matrix (Required)*

Attach the project work plan matrix for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make sub awards 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)(Required)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of the 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 (Required)*

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 deliverable. Make sure any letters of agreement are signed and dated.

*Attachment 5: Project Organizational Chart (Required)*

Provide a one-page figure that depicts the organizational structure of the project.

*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: Progress Report (Does not count against the page limit)*

**(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. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

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 (September 1, 2020, through August 31, 2023). The progress report should include:

(1) The period covered (dates).

(2) Project description – State the title of the project with a brief description.

(3) Specific objectives - Briefly summarize the specific objectives of the project and the target audience.

(4) Results – Describe in detail the program activities conducted for each objective. Include both positive and negative results and challenges you encountered. Include a list of any resources that were developed and published as a result of the activity along with the links and any associated metrics (website clicks, downloads, etc.).

*Attachment 8: Proof of Non-profit Status* if applicable *(Does not count against the page limit)*

*Attachments 9–15: Other Relevant Documents 15 is the maximum number of attachments allowed.*

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

**3. 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/)

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.

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 ***July 6, 2023***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide,* Section 8.2.5 for additional information.

### 5. Intergovernmental Review

NOSLO: State and Local Public Health Systems is not 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 3 years, up to $535,000 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 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) 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 sub recipients 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 NOSLO: State and Local Public Health Systems applications. Below are descriptions of the review criteria and their scoring points.

| ***Review Criteria Table*** **REVIEW CRITERIA** | **POINTS ALLOTTED** |
|---|---|
| **1. Need and Purpose** | **20 points**<br>• Research and Membership (10 points)<br>• Alignment of Constituent Needs, Organizational Expertise, and HRSA Priorities (10 points) |
| **2. Response** | **25 points**<br>• Addressing Core Activities (20 points)<br>• Resolution of Challenges (5 points) |
| **3. Evaluative Measures** | **10 points** |
| **4. Impact** | **15 points** |
| **5. Resources/Capabilities** | **25 points**<br>• Organizational Resources (15 points)<br>• Organizational Structure, Staffing, and Project Management (10 points) |
| **6. Support Requested** | **5 points** |
| **TOTAL** | **100 POINTS** |

*Criterion 1: NEED AND PURPOSE (20 points) – Corresponds to Section IV's "Introduction: and "Needs Assessment" sections*

Reach and Membership (10 points)

The extent to which:

1. The organization's constituents align with the NOSLO: State and Local Public Health Systems audience (i.e., state, territorial, tribal, and local public health officials and organizations).

2. The organization is nonpartisan/bipartisan and demonstrates a national reach.

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

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 constituents' needs and priority issues on a regular basis.

3. The priority issues and needs of the organization's constituents 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 HRSA state, territorial, tribal, and local public health officials and organizations.

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 "Methodology," "Work Plan," and "Resolution of Challenges" sections*

Addressing Core Activities (20 points)

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, territorial, tribal, and local public health officials and organizations 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)

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" sections*

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).

3. Demonstrates how they will use evaluation results to support continuous quality improvement and strengthen the NOSLO: State and Local Public Health Systems--related activities the organization plans to provide.

4. Demonstrates how they will share evaluation results with HRSA.

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

1. The extent to which the applicant clearly and comprehensively links the proposed Core Activities to the needs of state, territorial, tribal, and local public health officials and organizations 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 and Local Public Health Systems activities continue to have an impact state, territorial, tribal, and local public health officials and organizations 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" sections*

Organizational Resources (15 points)

The extent to which the applicant demonstrates:

1. How they will engage and collaborate with HRSA and other federal, state, territorial, tribal and local 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, territorial, tribal, and local public health officials and organizations.

3. Experience facilitating meaningful opportunities for state, territorial, tribal, and local public health officials and organizations 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 geographic areas of greatest need, state and/or local barriers to action, the most critical aspects of the issue to address, and other relevant information.

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

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's "Budget" and "Budget Narrative" sections*

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

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.

### 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 Awardee 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

30, 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 Sub awards

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

### Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights

with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a sub recipient also are subject to the Federal Government's copyright license and data rights.

**Certificate of Confidentiality:** Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (https://www.cdc.gov/grants/additional-requirements/ar-36.html).

### 3. Reporting

The award recipient 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 a quarterly basis, including reporting on program performance measures listed in Appendix B. More information will be available in the NOA.

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:

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

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

Kellie J. Cosby
Public Health Analyst, Office of External Affairs
Office of Intergovernmental and External Affairs
Health Resources and Services Administration
5600 Fishers Lane, Room 17W08
Rockville, MD 20857
Phone: (301) 443-8997
Email: kcosby@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.gov

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

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare 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 Executive Summary.

**Tips for Writing a Strong Application**

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

## Appendix A: NOSLO Program Application Tracks

The FY2023 NOSLO Program cooperative agreement has five application tracks:

1. State and Local Public Health Systems (HRSA-23-059)
2. State Health Legislative Education (HRSA-23-058)
3. Health Policy Innovation (HRSA-23-057)
4. State Health Services and Financing (HRSA-23-133)
5. State Governance (HRSA-23-088)

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. Applicants are encouraged to apply to the track(s) mostly closely aligned with organizational priorities.

| 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, including initiatives, models, and data strategies, to improve access to quality health care for people who are medically and economically vulnerable, with a special emphasis on maternal health disparities, geographically isolated people in rural areas, health care needs of people leaving the criminal justice system, individuals with HIV, people with unmet behavioral health needs, including youth, and the health care workforce. |
| *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 funded entities and state, territorial, tribal, and local public health officials, and organizations.
- Increased awareness and understanding of priority topics among state, territorial, and local officials.
- Increased awareness and understanding of state, territorial, and local needs and priorities among HRSA staff.
- Improved data sharing, communication, and coordination across HRSA programs, grantees, and state, territorial, and local officials.

## Appendix C: NOSLO Project Work Plan Matrix Template

**3-Year Work Plan Matrix (9/30/2023 – 9/29/2026)**

**Please use red text to indicate work plan changes from the original application or NCC submission.**

| Project or Activity Overview: | | | |
|---|---|---|---|
| Target Goal(s) for Outputs and Outcomes/Impact:<br>1.<br>2.<br><br>Performance measures and data sources to be used:<br>1.<br>2.<br>3. | | | |
| Description of Activity *(including Core Activities and expected Year 1 activities)* | Responsible individual(s) | Timeline & Milestones | Progress (Changes made to the original work plan should be in red text) |
| | | | |
| | | | |
| | | | |

## 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* |

| **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 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)* |
| 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* |

| **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 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-23-059 is 60 pages** | | **My total = ____ pages** |