

Notice of Funding Opportunity

Application due 07/08/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy








Policy Research Division

Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies

Opportunity number: HRSA-26-050



Contents

Before you begin	<u>3</u>
 Step 1: Review the Opportunity	<u>4</u>
Basic information	<u>5</u>
Eligibility	<u>6</u>
Program description	<u>8</u>
Award information	<u>11</u>
 Step 2: Get Ready to Apply	<u>14</u>
Get registered	<u>15</u>
Find the application package	<u>15</u>
Application writing help	<u>16</u>
 Step 3: Build Your Application	<u>17</u>
Application checklist	<u>18</u>
Application contents and format	<u>20</u>
 Step 4: Understand Review, Selection, and Award	<u>36</u>
Application review	<u>37</u>
Selection Process	<u>43</u>
Award notices	<u>43</u>
 Step 5: Submit Your Application	<u>44</u>
Application submission and deadlines	<u>45</u>
Other submissions	<u>46</u>
 Step 6: Learn What Happens After Award	<u>47</u>
Post-award requirements and administration	<u>48</u>
Reporting	<u>51</u>
 Contacts and Support	<u>52</u>



Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 07/08/2026.



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

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.



Step 1:

Review the Opportunity

In this step

Basic information	5
Eligibility	6
Program description	8
Award information	11

Basic information

Health Resources Services Administration

Federal Office of Rural Health Policy

Policy Research Division

A notice of funding opportunity from the Federal Office of Rural Health Policy to support rapid rural health research to improve rural health care under the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program.

Summary

This notice announces the opportunity to apply for funding under the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program. This program provides rural stakeholders with timely access to data analysis on pressing rural health issues. The goal of this award is to fund analysis that furthers understanding on emerging factors affecting rural health to improve health care in rural America.

Funding details

Application Types: Competing continuation, New

Expected total available funding in FY26: \$600,000

Expected total number and type of awards: 1 CA (Cooperative Agreement)

Funding range per award: Up to \$600,000 per award.

We plan to fund awards in five 12-month budget periods for a total 5 -year period of performance from 07/01/2026 to 06/30/2031.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies

Opportunity number:

HRSA-26-050

Announcement version:

Initial

Federal assistance listing:

93.155

Key dates

NOFO issue date:

06/05/2026

Application deadline:

07/08/2026

Expected award date is by:

06/01/2026

Expected start date:

07/01/2026

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

Eligibility

Who can apply

You can apply if you are a domestic* public or private, for-profit or non-profit organization.

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and State controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Native American tribal organizations (other than federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations other than small businesses.
- Small businesses.
- Faith-based organizations.
- Others (see text field entitled “Additional Information on Eligibility” for clarification).

Additional information on eligibility

Only domestic* organizations are eligible.

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

Individuals are not eligible applicants under this NOFO.

Completeness and responsive criteria

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

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Is not responsive to the purpose of the program or requirements for attachments.

Application limits

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

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

Health care providers and decision makers often need quick, reliable data and analysis to support their operations and efforts to improve health care in rural areas. However, rural providers and stakeholders often lack the staff, technology, or resources to collect and analyze it themselves. Data needed for this purpose come from entities including, but not limited to, the Centers for Medicare and Medicaid Services (CMS), other federal and state agencies, and private organizations.

The recipient, in cooperation with the Department of Health and Human Services (HHS), should identify, compile, and analyze data to inform the improvement of health care in rural areas nationwide.

Findings from these analyses will help rural health care stakeholders, including rural health care providers, states, professional associations, State Offices of Rural Health (SORHs), State Rural Health Associations (SRHAs), and others at the federal, state, and local levels.

Goal

To produce short term rural health services research and provide rural stakeholders with timely access to data analysis on pressing rural health issues.

Background

The Health Resources and Services Administration's (HRSA's) Federal Office of Rural Health Policy is the main office for rural health activities within the Department of Health and Human Services (HHS).

By law, FORHP advises the Secretary of HHS on how Medicare and Medicaid policies affect:

- The financial health of small rural hospitals.
- The ability of rural areas to attract and keep health care professionals.
- Access to and quality of rural health care.

[More information on FORHP.](#)

Rapid response data analysis

Quick data analysis helps meet immediate needs of the public to assess the impact of the continuously evolving health policy landscape on rural health care providers. It also helps rural stakeholders identify trends and address problems in financing and access to care. These quick analyses often require resources that most rural providers are not able to access.

Examples of past rapid response data analyses resulting in public-facing tools and resources include:

- Calculating annual costs and revenues reported by Rural Health Clinics (RHCs), Critical Access Hospitals (CAHs), and other rural hospitals.
- Comparing the number of CAH swing bed admissions with acute care admissions.
- Mapping travel routes and distances between rural hospitals nationwide.
- Tracking rural hospital closures, openings, and mergers from 2005 to 2020.

Issue specific research studies

Some rural health care policy topics require short-term research and analysis of emerging policy issues. This work is more elaborate and usually takes three to six months, using more resources than quicker rapid response work.

Examples of more in depth, issue-specific research studies have included:

- 2019 Wage Index Differences and Selected Characteristics of Rural and Urban Hospitals.
- Characteristics of Communities Served by Rural Hospitals Predicted to be at High Risk of Financial Distress in 2019.
- More examples are available on the Rural Health Research Gateway.

Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies helps advance the [Making America Healthy Again \(MAHA\)](#) priorities, which include:

- Preventive health.
- Reducing chronic disease.
- Mental health.
- Nutrition.
- Primary and value-based care.
- Culturally appropriate services for tribes.
- Early childhood health and autism support.

Program requirements and expectations

Expectations of this program include:

- Staffing a rapid response data analysis team.
- Producing quick turnaround data analysis (e.g., within one to two business days) on a regular and recurring basis (e.g., every month) in response to emerging issues in rural health care and health policy.
- Responding regularly to requests for technical assistance.
- Designing and completing short term (e.g., three to six month) issue-specific rural health services research studies.

Activities should advance one or more of the MAHA priorities. Strategies to consider include work that informs:

- Addressing root causes of poor health.
- Improving access to primary care, behavioral health, preventive care, or developmental services.
- Expanding nutrition programs or chronic disease prevention.
- Supporting early childhood development or autism services.
- Preparing systems for value-based care.
- Partnering with tribal health systems.

Disclosure of participation in or benefit from CMS Rural Transformation Program

You must disclose whether you participate in or benefit from your state's CMS Rural Transformation Program. If you do, you must coordinate any HRSA-funded work to ensure it is non-duplicative, coordinated, and complementary.

Statutory authority

42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act.)

Award information

Cooperative agreement terms

Our responsibilities

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

- Consulting in the planning and development of the annual work plan and final selection of projects and rapid data analyses.
- Reviewing and commenting on project design and methodology in work plan proposals.
- Reviewing and commenting on products produced under this cooperative agreement, including the methodology, analysis, results, policy implications, format, and tone prior to public dissemination.
- Collaborating with rural stakeholders and the award recipient to provide guidance and assistance in identifying key organizations through which to share information and research findings developed through this cooperative agreement.
- Providing technical assistance to the recipient on processes for identifying rural stakeholders who would benefit from the services and resources supported under this cooperative agreement.
- Facilitating the use of HRSA and FORHP-supported communications resources as needed to support the cooperative agreement.
- Consulting in the planning and implementation of any meetings, webinars, or work groups conducted by the award recipient during the period of performance.

Your responsibilities

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

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.
- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended.
- Developing products that aim to produce new information in alignment with FORHP's charge under 42 U.S.C. § 912 (§ 711 of the Social Security Act).
- Participating in the planning and development of the recipient's annual short term, issue specific research studies and rapid response data analysis projects.
- Responding to HRSA requests, comments, and questions within a timely manner.
- Utilizing HRSA and FORHP-supported communications resources as needed to support the cooperative agreement.

- Sharing data analysis and short term, issue-specific research briefs for HRSA review by work plan guidelines.
- Providing stakeholders and the public with data analysis regarding rural health services.
- Distributing research findings as to inform the improvement of health care in rural areas including, but not limited to, national, state, and local policymakers, state-based entities, and/or individual rural health care providers.
- Identifying rural policy issues to study in a short-term timeframe (e.g., three to six months).
- Attending HRSA rural health research meetings as applicable.
- Submitting reports, projects, or other work products to FORHP in a timely manner.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in section 3.1.4 of the [R&R Application Guide \[PDF\]](#).
 - You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Cost and Activities in the [HHS Grants Policy Statement](#).
- All cost must be [reasonable, necessary, allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the [R&R Application Guide \[PDF\]](#).

Indirect costs

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

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

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at time of award.

Method 2 – De minimis rate. Per [2 CFR 200.414 \(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

Program income

Program income is money earned as a result of your award-supported project activities. You must use those funds to add to approved project activities. Find more about program income at [2 CFR 200.307](#).



Step 2:

Get Ready to Apply

In this step

Get registered	15
Find the application package	15
Application writing help	16

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [R&R Application Guide \[PDF\]](#).

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-050.

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

Application writing help

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

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

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

Join the webinar

Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend you

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



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



Step 3:

Build Your Application

In this step

Application checklist	<u>18</u>
Application contents and format	<u>20</u>

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

See the instructions for the [project narrative](#) and the [budget and budget narrative](#).

Form	Included in page limit*?
<input type="checkbox"/> Research & Related Other Project Information	Yes
<input type="checkbox"/> Research & Related Budget	Yes

Attachments

See [instructions for attachments](#).

Form	Included in page limit*?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Agreements with other entities	Yes
<input type="checkbox"/> 4. Project organizational chart	Yes
<input type="checkbox"/> 5. Disclosure of participation in or benefit from CMS Rural Transformation Program (if applicable)	No
<input type="checkbox"/> 6.-15. Other relevant documents	Yes

Other required forms

See [form instructions](#).

Form	Included in page limit*?
<input type="checkbox"/> SF-424 (R&R)	No
<input type="checkbox"/> Project Abstract Summary form	No
<input type="checkbox"/> R&R Subaward Budget Attachment(s)	Yes*
<input type="checkbox"/> Research & Related Senior/Key Person Profile form	No
<input type="checkbox"/> Project/Performance Site Location(s)	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	No

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

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 80

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

Required format

Required format for project summary, project narrative, budget narrative, and attachments

Font: A readable font like Arial, Courier, CG Times, or Times New Roman.

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font.

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black.

Spacing: Single-spaced, including all text and tables.

Alignment: Left.

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.).

Margins: 1-inch on all sides.

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming our files in the [R&R Application Guide \[PDF\]](#).

Project narrative

Use the Research & Related Other Project Information form to attach the project narrative. In the project narrative, you will describe all aspects of your project.

Use the section headers and the order as listed.

Introduction

See merit review criterion 1: [Need](#)

Provide a brief overview of your proposed project. Ensure that the purpose is aligned with the purpose of the program to identify, compile, and analyze data to inform the improvement of health care in rural areas nationwide. Indicate how your project would improve health care in rural areas. Describe how your activities will advance one or more MAHA priorities. Explain how your activities build from, but do not duplicate, other federal, state, tribal, or local programs.

Need

See merit review criterion 1: [Need](#)

Your application should show that you understand:

- The unique characteristics of rural communities and the health care and health policy issues affecting rural communities nationwide.
- The need to conduct rapid data analyses and short-term research studies focused on rural health care.
- How these studies will examine the current and emerging regulatory and policy landscape, addressing key gaps in existing knowledge, so that information developed under this award can inform the improvement of health care in rural America.

Approach

See merit review criterion 2: [Response](#)

Explain how you will conduct rapid data analyses and conduct short-term issue-specific rural health research. Your proposed methodology must reflect the current and evolving rural health and policy environment. For all proposed analyses and studies, indicate how you will assess what is rural (i.e., rurality).

Rapid response data analyses

Describe in detail how you will conduct rapid data analyses in a timely manner (for example, within 1 to 2 business days) on a regular and recurring basis (for example, every month). This strategy may include how you will:

- Develop and maintain a repository of rural health and policy relevant datasets that are current, cleaned, and geocoded.
- Provide a way for the public to analyze and interpret data on time-sensitive rural health policy issues to understand the impact of current and emerging policies and to improve health care in rural areas.
- Develop a process to identify and review each potential topic for analysis, decide if the analysis is feasible, and identify the public benefit.
- Share analysis results with the public in a timely manner.
- Respond to technical assistance requests to help rural stakeholders use research and analysis products from this cooperative agreement.

Issue specific research studies

You should propose no more than two short-term, issue-specific research studies for the first budget year, describing how each study will:

- Occur in a short-term timeframe so it is responsive to the evolving health care landscape (e.g., 3 to 6 months).
- Produce documents such as policy briefs or reports to inform the improvement of health care in rural areas.
- Focus on topics that can help rural stakeholders understand how to improve health care in rural areas, including but not limited to rural hospital finances, health care professional recruitment and retention, and access to quality care.
- Avoid duplication of past or current projects from the [Rural Health Research Center Program](#) and [Flex Monitoring Team](#).
 - Search the [Rural Health Research Center Program](#) and [Flex Monitoring Team](#) to confirm.

- The [Flex Monitoring Team](#) evaluates the Rural Hospital Flexibility Program and analyzes Critical Access Hospital (CAH) quality and performance trends.
- For previous awardees: Do not repeat past work, but you may propose projects that build on or update it.
- Focus on issues of nationwide concern, meaning that results may inform the improvement of health care in rural areas across the country and not only in certain regions or localities.
 - We may consider single state or regional studies with clearly demonstrated nationwide applicability.

Proposal format

Present two proposals for issue-specific research studies using the format outlined below. Limit each research proposal to a maximum of six pages. The proposals must be national in scope, as defined above.

You must avoid duplication with research that is already underway or recently completed by FORHP's Rural Health Research Center Program. You may query the [Rural Health Research Gateway](#) for help in identifying projects previously funded and currently underway. Projects must not duplicate or overlap with work conducted by the [Flex Monitoring Team](#), which evaluates the Rural Hospital Flexibility Program and also conducts larger analyses on Critical Access Hospital (CAH) trends specific to quality and performance improvement.

The recipient will consult with HRSA on the final work plan and consider priorities from HRSA/HHS. This process may include additional input from HRSA on possible modifications, depending on emerging or pressing rural health care or other priorities to ensure funded research remains responsive to the purpose of the award.

We expect that you will complete all short-term, issue-specific research projects proposed for the first year promptly (e.g., within a three-to-six-month timeframe) during the first budget period.

Proposal summary

- Project title.
- Principal Investigator.
- Two-sentence project description.

Research proposal (maximum 6 pages per project)

- Project title.
- Statement of the problem and policy relevance:
 - State the purpose, identify knowledge gaps, and explain policy relevance at national level.
 - Describe potential benefits for rural communities.
 - Explain how the proposed research will add to and enhance the current literature.
- Geographic coverage:
 - Describe the geographic areas in the study.
 - Describe how results apply nationally to inform the improvement of health care in rural areas.
 - Include different levels of rurality, specifically rural versus urban analyses.
- Hypotheses, design, and analysis:
 - State the hypothesis(es) or research questions for the research project.
 - Describe the project design you will use to accomplish your aims (i.e., quantitative or mixed methods). All studies should have a quantitative component and should not have a primarily qualitative focus.
 - Discuss anticipated limitations.
- Data Sources:
 - List proposed data sources.
 - Include information on data availability, acquisition cost, and a schedule for obtaining and preparing the data for analysis.
 - If you plan to conduct primary data analysis, discuss your data collection plan.
 - Include sampling methods, estimated sample size, expected response rate, and data collection schedule.
- Human subjects research:

State if human subjects are involved.

 - If yes, note Institutional Review Board (IRB) status (pending, approved, exempt). Provide IRB approval date or exemption details, if applicable.
 - Indicate yes even if the proposed project is exempt from Regulations for the Protection of Human Subjects.
 - Indicate no if no activities involving human subjects are planned, and skip to the Staff-Loading Chart, Section (g) of the Research Proposal.

- Include a Human Subject Assurance Number if available.
 - Provide the IRB approval number or the approved Federal Wide Assurance (FWA), Multiple Project Assurance (MPA), Single Project Assurance (SPA) or Cooperative Project Assurance Number (CPA).
 - If available, you'd have these on file with the Office of Human Research Protections.
- If exempt from IRB approval, enter the exemption numbers and a short description corresponding to one or more of the [exemption categories](#).
- If you have not yet been reviewed by IRB and you believe your research is exempt, justify clearly for a tentative approval by HRSA staff.
- Non-exempt research involving human subjects cannot be conducted under an HHS-sponsored award, unless your organization verifies the exemption.
 - Documentation of completed IRB review and its exemption or approval must be sent to the Project Officer.
 - This IRB certification must include: the grant number, the title of the project, name of the appropriate IRB which has reviewed and exempted or approved the proposed activity, name of the principal investigator/ program director, date of IRB exemption or approval, and appropriate signatures.
- Literature citations:
 - Provide citations to published literature relevant to your proposal.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

In this section, describe the activities or steps you will take to complete the project.

Include the following:

- Explain your quality control processes:
 - Describe how you will ensure the quality of written products.
 - Include a plan for the Principal Investigator to review all draft reports.
- Explain how you will comply with Section 508 of the Rehabilitation Act of 1973, as amended.
- Provide a project management plan to keep each funded activity on track during the first 12 months that includes the following elements:
 - A staff-loading chart identifying project leaders and other senior staff involvement and the number of hours for each staff member by activity (e.g., data cleaning, mapping, analysis).

- A timetable including deliverables and due dates, reflecting the time it will take to acquire data and get IRB approval.
- Provide a general work plan for budget periods two through five.
 - Do not include specific proposals.
 - Highlight activities that will span all five years.
- Explain how you will incorporate HRSA review prior to public release of products, for example:
 - Briefs or other written products for publication.
 - Conference presentations and any accompanying slides or materials.
- Describe your plan to share results from rapid response data analyses or issue-specific research studies on the [Rural Health Research Gateway](#).

You will also include a more detailed work plan in your [attachments](#).

Resolving challenges

See merit review criterion 2: [Response](#)

- Discuss challenges you expect when designing and carrying out the activities in your work plan, including handling the lack of rural/urban identifiers in data sets or encountering rural/urban identifiers misaligned with the research question.
- Explain the approaches that you will use to address and resolve these challenges.

Performance management

See merit review criteria 3: [Performance management](#) and 5: [Resources and capabilities](#)

- **Outcomes.**
 - Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting.**
 - Describe the performance data you will collect and how you will report this information accurately and on time.
 - Describe how you will monitor and analyze your performance data to support continuous quality improvement.

See the [reporting](#) section for more information.

Organizational Information

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your mission, structure, and the scope of your current activities.
 - Explain how staff will help you carry out the program requirements.
 - Describe your expertise and your ability to conduct rapid response data analyses and issue-specific research studies.
 - Briefly describe your capacity to manage the programmatic, fiscal, and administrative aspects of your proposed project.
 - You'll include a [project organizational chart](#) and [staffing plan](#) in your attachments.
- Explain the experience of your staff and how it relates to the proposed projects, including the experience of the project director.
 - The project director should have significant experience in the areas related to rural health services research and short-term data analyses. Demonstrating this experience may include, but is not limited to, time in the field (e.g., at least 10 years of experience in these areas), extensiveness of relevant experience (e.g., breadth of publications), educational background in a relevant field (e.g., PhD or other doctoral-level degree), or a history of successfully completed projects related to rural health services research and data analysis.
- Demonstrate your program's experience conducting similar work (from any funder). Include specific examples of:
 - Past publications or analyses that were national in scope, contained rural-centric or rural-urban comparisons as part of the analysis, and completed in a short-term timeframe (e.g., 3 to 6 months).
 - Past rapid data analyses of complex national data sets that included rural-urban comparisons and were completed in one to two days.
 - Communicating complex public policy issues and data analyses to varied audiences in ways that identify key rural concerns within broader issues.
- Demonstrate your organization's existing relationships with key rural stakeholders such as (but not limited to) State Offices of Rural Health.

- Demonstrate your organization’s access to and substantial experience working with large, national data sets. Examples are listed in the table:

Table of national data sets
Agency for Healthcare Research and Quality <ul style="list-style-type: none"> • Healthcare Cost and Utilization Project • Nationwide Inpatient Sample
American Dental Association <ul style="list-style-type: none"> • Masterfile of Dentists
American Hospital Association (AHA) <ul style="list-style-type: none"> • AHA Abridged Guide of U.S. Hospitals
American Medical Association <ul style="list-style-type: none"> • Physician Masterfile
American Osteopathic Association <ul style="list-style-type: none"> • Physician Masterfile
American Academy of Nurse Practitioners <ul style="list-style-type: none"> • Professional Data
Bureau of the Census, U.S. Department of Commerce <ul style="list-style-type: none"> • American Community Survey • Current Population Survey • 2010 Census Summary Files • Congressional District Summary File • Summary Files for Outlying Areas • Topologically Integrated Geographic Encoding and Referencing System • Census of Agriculture • Economic Census • Census Summary Tape Files • Intercensal Population Estimates • Small Area Health Insurance Estimates • Small Area Income and Poverty Estimates
Bureau of Economic Analysis, U.S. Department of Commerce <ul style="list-style-type: none"> • Personal Income

Table of national data sets

Bureau of Labor Statistics, U.S. Department of Labor

- Local Area Unemployment Statistics
- Occupational Employment and Wage Estimates

Centers for Medicare & Medicaid, U.S. Department of Health and Human Services

- Hospital Cost Reporting Information System
- Hospital Cost Reporting Information System – Skilled Nursing Facility File
- HMO Market Penetration Report File
- Hospital Market Service Area File
- Case Mix Index File
- Provider Specific File
- Provider of Services Files
- Medicare MedPAR Claims Data
- Medicare Inpatient Claims Data
- Medicare SNF Claims Data
- Medicare Outpatient Claims Data
- Medicare Carrier Claims Data
- Master Beneficiary Summary File
- Medicare Advantage Files
- Medicare Prescription Part Drug Part D Files
- National Provider Identification
- CMS Public Use Data on ACO Performance
- Medicare Enrollment
- Medicare Provider Utilization and Payment

Claritas, Inc.

- Pop-Facts Database for Census Tracts, ZIP Codes and Minor Civil Divisions

Esri Global, Inc.

- StreetMap North America

Economic Research Service, U.S. Department of Agriculture

- Rural-Urban Continuum Codes
- Urban Influence Codes
- County Typology Codes

Table of national data sets

- Frontier and Remote Area Codes
- Rural Urban Commuting Area Codes

Health Resources and Service Administration, U.S. Department of Health and Human Services

- Health Professional Shortage Area Designations
- Medically Underserved Area Designations
- Health Area Resource File
- Uniform Data System
- National Health Service Corp Physicians
- National Health Service Corp Dentists
- List of Federally Qualified Health Centers

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

- CDC Wonder
- National Health Interview Survey
- Compressed Mortality Analytical File

National Council for Prescription Drug Programs

- Monthly Pharmacy Data

Office of Management and Budget

- Metropolitan and Micropolitan Statistical Areas

Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute

- County Health Rankings

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the [R&R Application Guide \[PDF\]](#) and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

The **budget narrative** supports the information you provide in Standard Form 424 R&R. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

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

Attachments

See section [3.2 of the HRSA R&R Application Guide \[PDF\]](#).

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

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work Plan

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

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the [R&R Application Guide \[PDF\]](#).

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

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

Attachment 3: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

Attachment 4: Project organizational chart

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

Attachment 5: Disclosure of participation in or benefit from CMS Rural Transformation Program (if applicable)

Submit this attachment **only** if you participate in or benefit from their state's CMS Rural Transformation Program. Provide a description of the CMS-supported activities and clearly explain how the proposed HRSA-funded work is non-duplicative, coordinated, and complementary. **Reviewers will not consider this information during merit review.**

Attachments 6–15: Other relevant documents

You may use attachments 6 through 15 to add other relevant documents.

Other required forms

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

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

Form instructions

In addition to the requirements for the [budget narrative](#), [project narrative](#), and [attachments](#), following are instructions for each of the other forms required by this NOFO. See the [application checklist](#) for a full list of all application requirements.

SF-424 (R&R) Application for Federal Assistance

This is your application for federal assistance. Follow the instructions in section 3.1.1 of the [R&R Application Guide \[PDF\]](#).

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)

Project Abstract Summary form

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

Research & Related Other Project Information

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

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

Research & Related Senior/Key Person Profile (Expanded)

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

- Try to use no more than 2 pages per person.
- Do not include non-public [personally identifiable information](#).
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in the Research & Related Senior/Key Person Profile form. Include:
 - Name and title

- Education and training – for each entry include Institution and location, degree and date earned, if any, and field of study.
- Section A, Personal Statement. Briefly describe why the individual’s experience and qualifications make them well-suited for their role.
- Section B, Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
- Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.
- Other information. If they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

R&R Subaward Budget Attachment(s) form

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

Use the following instructions:

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

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

Project/Performance Site Location(s)

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

Disclosure of Lobbying Activities (SF-LLL) form

Follow the form instructions in [Grants.gov Forms](https://www.grants.gov/forms).



Step 4: Understand Review, Selection, and Award

In this step

Application review	<u>37</u>
Selection Process	<u>43</u>
Award notices	<u>43</u>

Application review

Initial Review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

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

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [R&R Application Guide \[PDF\]](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	5 points
4. Impact	10 points
5. Resources and capabilities	35 points
6. Support requested	5 points

Criterion 1: Need (10 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Aligns with the purpose of the program to identify, compile, and analyze data to inform the improvement of health care in rural areas nationwide
- Demonstrates a strong understanding of the unique characteristics of rural communities and the health care regulatory and policy issues affecting rural communities nationwide.
- Demonstrates the need to conduct rapid data analyses and short-term research studies focused on rural health care.

Criterion 2: Response (35 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenge](#) sections.

The panel will review your application for:

Project Management (5 points)

The extent to which the application:

- Includes a clear explanation of quality control processes.
- Includes a clear plan to comply with Section 508 of the Rehabilitation Act of 1973, as amended.
- Has a thorough project management plan to ensure that each funded activity stays on track throughout the first 12-month budget period.
- Provides a general work plan for budget periods two through five that highlights activities that will span all five years of the period of performance.
- Has a clear plan to incorporate HRSA review prior to any public release of products funded through this cooperative agreement.
- Has a clear plan to share results from rapid response data analyses or issue-specific research studies on the [Rural Health Research Gateway](#).

Issue specific rural research studies (15 points)

The extent to which the application:

- Clearly describes each item included in the Research Proposal outline as described in the [approach](#) section.
- Includes all required items in the Proposal Summary (project title, Principal Investigator, and two-sentence description).
- Includes all required items in the Research Proposal:
 - Project title
 - Statement of the problem and policy relevance
 - Geographic coverage
 - Hypotheses, design, and analysis
 - Data Sources
 - Human subjects research details
 - Staff-loading chart
 - Project leader and other senior staff involvement
 - Timetable
 - Literature citations

- Focuses on topics that can help rural stakeholders understand how to improve health care in rural areas, including but not limited to rural hospital finances, health care professional recruitment and retention, and access to quality care.
- Indicates how studies will assess rurality.
- Focuses on issues of nationwide concern, meaning that results may inform the improvement of health care in rural areas across the country and not only in certain regions or localities.
- Indicates how studies will occur in a short-term timeframe so it is responsive to the evolving health care landscape (e.g., 3 to 6 months).
- Describes outputs such as policy briefs or reports to inform the improvement of health care in rural areas.
- Avoids duplication of past or current projects from the [Rural Health Research Center Program](#) and [Flex Monitoring Team](#).

Rapid response data analyses (15 points)

The extent to which the application:

- Includes a detailed explanation of the proposed methodology to staff a rapid response team that can conduct rapid data analyses in a timely manner (for example, within 1 to 2 business days) on a regular and recurring basis (for example, every month).
- Includes a well-reasoned and logical strategy to:
 - Develop and maintain a repository of rural health and rural health policy relevant datasets that are current, cleaned, and geocoded.
 - Provide a way for the public to analyze and interpret data on time-sensitive rural health policy issues to understand the impact of current and emerging policies and to improve health care in rural areas.
 - Develop a process to identify and review each potential topic for analysis, decide if the analysis is feasible, and identify the public benefit.
 - Share analysis results with the public in a timely manner.
 - Respond to technical assistance requests to help rural stakeholders use research and analysis products from this cooperative agreement.

Criterion 3: Performance reporting and evaluation (5 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

- How well it describes the expected outcomes (desired results) of the funded activities.
- Describes the performance data to collect and plans to report this information accurately and on time.
- Describes a plan to monitor and analyze performance data to support continuous quality improvement.

Criterion 4: Impact (10 points)

See the project narrative [High-level work plan](#) and [Resolving challenge](#) sections.

The panel will review your application for:

- The ability to identify and propose realistic solutions to potential challenges in designing and implementing the proposed projects, including handling the lack of rural/urban identifiers in data sets or encountering rural/urban identifiers misaligned with the research question.
- The plan for publicly disseminating, as appropriate, the results from any rapid response data analysis or issue specific research studies on the [Rural Health Research Gateway](#).
- The ability to address key gaps in existing knowledge in the current and emerging regulatory and policy landscape affecting rural health care.

Criterion 5: Resources and capabilities (35 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

Organizational structure (5 points)

- Your current mission and structure align with the scope of the proposed activities, including an organizational chart.
- Your organization can effectively manage the programmatic, fiscal and administrative aspects of the proposed project.

- Your organization has existing relationships with key rural stakeholders such as State Offices of Rural Health.

Experience conducting similar work (20 points)

- You have experience communicating complex public policy issues and data analyses to varied audiences in ways that identify key rural concerns within a broader issue.
- You have experience conducting rapid (defined as one to two days) analyses of complex national data sets that include rural-urban comparisons.
- You have experience designing and executing health services research studies that were national in scope, contained rural-centric or rural-urban comparisons as part of the analysis, and completed in a short-term timeframe (e.g., 3 to 6 months).
- The project director has significant experience in the areas related to rural health services research and rapid response data analyses, as demonstrated by indicators that may include as examples time in the field (e.g., at least 10 years of experience in these areas), extensiveness of relevant experience (e.g., breadth of publications), educational background in a relevant field (e.g., PhD or other doctoral-level degree), or a history of successfully completed projects relevant to the purpose of the program.

Access to and experience with large, national datasets (10 points)

- Your application demonstrates access to and substantial experience working with large, national datasets such as those listed in the [approach](#) section.

Criterion 6: Support requested (5 points)

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

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

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

Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see [2 CFR 200.206](#).

Selection Process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- [Alignment with HRSA Mission and Strategic Priorities](#)
- Merit review results. These are key in making decisions but are not the only factor.

We may:

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

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See “how we make awards” in the [R&R Application Guide \[PDF\]](#) for more information.

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



Step 5: Submit Your Application

In this step

Application submission and deadlines	<u>45</u>
Other submissions	<u>46</u>

Application submission and deadlines

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

Application deadline

You must submit your application by 07/08/2026, at 11:59 p.m. ET.

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

If you need a deadline extension, see “requesting a waiver” in the [R&R Application Guide \[PDF\]](#).

Submission method

Grants.gov

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

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

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [R&R Application Guide \[PDF\]](#).

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

Other submissions

Intergovernmental review

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

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

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



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration	48
Reporting	51

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA).
- The regulations at [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR 300, or any superseding regulations.
- The [HHS Grants Policy Statement](#). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- See the requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required alignment with HRSA mission and strategic priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
 - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
 - Maintain strong internal controls.
 - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities:

To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR. part 200](#) and the terms and conditions of this award. This includes termination under [CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
<p>Implementing, acquiring, or upgrading health IT for activities funded by any entity</p>	<p>Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.</p> <p>Visit to 45 CFR 170, Subpart B learn more.</p>
<p>Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act</p>	<p>Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.</p>

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Reporting

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

- We will require progress report(s) each quarter
- Annual performance reports.



Contacts and Support

In this step

Agency contacts [53](#)

Help with systems [54](#)

Agency contacts

Program and eligibility

Karis Tyner

Research Coordinator/FORHP

Attn: Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies

Federal Office of Rural Health Policy

Health Resources and Services Administration

kytyner@hrsa.gov

(301) 287-2615

Financial and budget

Lissette Young

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

lyoung@hrsa.gov

(301) 287-9864

HRSA contact center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

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

SAM.gov

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

Helpful resources and websites

- [R&R Application Guide \[PDF\]](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)