U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Community-Based Division

Rural Health Network Development Planning Program

Funding Opportunity Number: HRSA-24-007

Funding Opportunity Type(s): New

Assistance Listing Number: 93.912

Application Due Date: January 26, 2024

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

Issuance Date: October 25, 2023

Nkem Osian
Public Health Analyst, Federal Office of Rural Health Policy
Call: 301-443-2751
Email: nosian@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. 254c(f) (§ 330A(f) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

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

SUMMARY

Funding Opportunity Title:	Rural Health Network Development Planning Program
Funding Opportunity Number:	HRSA-24-007
Assistance Listing Number:	93.912
Due Date for Applications:	January 26, 2024
Purpose:	The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 Rural Health Network Development Planning Program. The purpose of this program is to promote the planning and development of integrated health care networks to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (iii) strengthen the rural health care system as a whole.
Program Objective(s):	At the conclusion of the grant program, network partners will be able to accomplish the following Network Planning Program goals: achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system.
Eligible Applicants:	To be eligible to receive a grant under this notice of funding opportunity, an entity – (A) Shall be a domestic public or private, non-profit, or for-profit entity with demonstrated experience serving, or the capacity to serve, rural underserved populations;

	(B) Should represent a network that includes the following – (i) at least three or more healthcare providers and (ii) that may be rural, urban, nonprofit, or for-profit entities, **and**
	(C) Should not previously have received a grant under 42 U.S.C. 254c(f) (other than a grant for planning activities) for the same or similar project.
	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$3,000,000
	We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.
Estimated Number and Type of Award(s):	Up to 30 new grants
Estimated Annual Award Amount:	Up to $100,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	July 1, 2024 through June 30, 2025 (1 year)
Agency Contacts:	**Business, administrative, or fiscal issues:** Eric Brown Grants Management Specialist Division of Grants Management Operations, OFAM Email: ebrown@hrsa.gov **Program issues or technical assistance:** Nkem Osian Public Health Analyst Federal Office of Rural Health Policy Email: nosian@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Tuesday, November 14, 2023
3 – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1608405541?pwd=ZGJITXJUY293b0NES1orMDdjejdOQT09

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

Call-In Number: 833 568 8864
Meeting ID: 160 840 5541
Passcode: 72200418

We will record the webinar. Please contact nosian@hrsa.gov to request playback information 48 hours after the live event.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

The purpose the Rural Health Network Development Planning Program ("Network Planning Program") is to plan and develop integrated health care networks that collaborate to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to and improve the quality of basic health care services and health outcomes; and (iii) strengthen the rural health care system.

This program supports one year of planning and brings together members of the health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity in order to strengthen rural community health interventions and enhance care coordination.

The Network Planning program uses the concept of developing networks as a strategy toward linking rural health care network members together to address local challenges, and help rural stakeholders achieve greater collective capacity to overcome challenges related to limited economies of scale for individual hospitals, clinics, or other key rural health care stakeholders.

For more details, see Program Requirements and Expectations.

2. Background

The program is authorized by 42 U.S.C. 254c(f) (§ 330A(f) of the Public Health Service Act), which anticipates award of rural health network development grants to provide for support bringing together health care providers through a networked approach. At the conclusion of the grant program, network partners will be able to accomplish the following Network Planning Program goals: achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system.

The intent of the Network Planning Program is to allow applicants maximum flexibility to tailor their projects to the unique rural community needs based on historical health care context, community input, and relevant data sources. Due to the flexible nature of the Network Planning Program, rural health priorities complement the program's goals.

II. Award Information

1. Type of Application and Award

Application type: New

We will fund you via a grant.

2. Summary of Funding

We estimate $3,000,000 will be available each year to fund 30 recipients. You may apply for a ceiling amount of up to $100,000 annually (reflecting direct and indirect costs).

The period of performance is July 1, 2024, through June 30, 2025 (1 year).

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

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

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

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

You may submit **one application** to request funding through the Network Planning Program.

Please note: *There is **no** implementation component to this award once the planning grant ends. The funding for this program covers one year of the planning grant **only**.*

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, and represents one or more of the following entity types:

- Public or private, non-profit or for-profit

- Faith-based,

- Community-based,

- Tribal governments (governments, organizations)

- The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations, as communicated in the applicant organization's Project Abstract section of the application, describing in detail the applicant organization's experience and/or capacity to serve rural populations.

For more details, see Program Requirements and Expectations.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount

- Fails to satisfy the deadline requirements referenced in Section IV.4

Multiple Applications

You may submit multiple applications under the same Unique Entity Identifier (UEI), if each proposes distinct projects. We will only review your **last** validated application for each distinct project before the Grants.gov due date. See 'Exceptions Request' for more information.

Exceptions Request

A. **Multiple EIN exception**: Multiple applications associated with the same UEI (previously DUNS) number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations may share an EIN with its parent organization. As a result, at HRSA's discretion, separate applications associated with a single UEI number and/or EIN are allowable, **as long as** the applicants provide HRSA with all of the information requested in Attachment 10.

NOTE: Single organizations (e.g., a parent organization/headquarters) cannot submit multiple applications, even if the proposed projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, for the purposes of this program, it is still considered an application submitted by the parent organization and thus, multiple applications are not allowed.

Applications associated with the same UEI number and EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 10**, or are nearly identical in application content, to be ineligible. In this instance, assuming all other

eligibility criteria are met, HRSA will only accept the last submitted application for HRSA-24-007 associated with the EIN or DUNS number.

B. **Tribal exception**: HRSA is aware that tribes and tribal organizations may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities under the single EIN are committed to the proposed approach as evidenced by a signed Letter of Commitment. Please refer to **Attachment 11** for additional information on how to request this exception.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

Select "Subscribe" and enter your email address for HRSA-24-007 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

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

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

If you use an OMB-approved form that is not in the HRSA-24-007 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-007 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[1] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[2]
- If you cannot certify this, you must include an explanation in *Attachment 12-15: Other Relevant Documents*.

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

Program Requirements and Expectations

Applicants for the Rural Health Network Development Planning Program must meet all of the requirements stated below. Failure to respond to the requirements below may impact your application's score.

For the purposes of this grant, planning activities are those that prepare a community to provide direct services including but not limited to, rural health care network integration, strengthening operations, creating, or improving care coordination policies and procedures, and making the necessary infrastructure changes in order to increase and sustain health care delivery among underserved communities.

---

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

Applicant Organization Requirements

a. All planning activities **must** benefit rural communities. Proposed counties should be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. **It is important that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through their proposed project, as this will be one of the factors that will determine the applicant organization's ability to meet requirements to receive funding.**

- To ascertain rural service areas, please refer to https://data.hrsa.gov/tools/rural-health. This webpage allows you to search by county or street address and determine whether a location is rural.

b. Applicant organizations must be able to demonstrate how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network. Activities and services of the network must be provided in a non-metropolitan county or rural census tract.

c. Applicant organizations are required to have at least 66 percent (two-thirds) of network members located in a HRSA- designated rural area[3];

d. Applicant organizations should describe how the rural community participated in identifying the focus area and should emphasize how their project will benefit the rural community.

e. HRSA strongly recommends the project director allot adequate time (*at least .25 FTE)* to the program and has management experience involving multiple organizational arrangements. HRSA highly recommends your staffing plan should include supporting and key personnel that total **at least one full time- time FTE** at the time of application.

f. The applicant organization should have the staffing and infrastructure necessary to oversee program activities.

g. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations, as well as buy-in from these communities and describe this in the Project Abstract.

h. The applicant organization is **not required** to represent an established rural health network at the time of submission.

---

[3] For more information on HRSA-designated rural areas, visit the Rural Health Grants Eligibility Analyzer.

Network Requirements

One of the purposes of the Network Planning Program is to assist in the planning of a health care network, specifically with network participants who do not have a history of formal collaborative efforts. For the purposes of this program, HRSA defines a health care network as at least three regional or local health care organizations that come together to plan and develop strategies for improving health services in a community. The entities should have a common and collective interest in improving health and addressing health care challenges in their local community.

  a. Network member organizations may be physically located in rural or urban areas and can include all domestic public or private, non-profit, or for-profit entities including faith-based, community-based organizations, tribes, and tribal organizations. We recognize that rural-urban collaborations can sometimes lead to the underrepresentation of rural needs. Therefore, HRSA requires at least sixty-six percent (66%), or two- thirds of network member organizations (members with signed Letters of Commitment) of the proposed project be physically located in a HRSA designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. The applicant organization must verify and indicate the rural or urban eligibility of each network member in **Attachment 6**.

  b. Each applicant organization and network member must have its own EIN number unless an exception is requested (see details above in Section III.3).

  c. Previous Network Planning Program award recipients who propose a continuation of an awarded project or existing networks that seek to only expand services or expand their service areas are **not eligible** to apply. However, existing recipients that seek to expand network services or service areas are eligible to apply if they either: (1) include new or additional stakeholders; or (2) engage a new population or new focus area. Applicant organizations representing existing networks proposing to collaborate with at least two outside organizations they have not worked with before under a formal relationship are eligible to apply.

  d. Over the course of the period of performance, all networks must take steps towards creating strong infrastructure and developing a strategic plan for programmatic activities. That plan must identify the approach by which the applicant will sustain the efforts of the network beyond federal funding.

Legislative Aims:

Applicants must describe planning activities that support **at least one (1)** of the legislative aims below. For additional information, please see **Appendix A.**

Program-Specific Instructions

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

i. *Project Abstract*

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

ABSTRACT HEADING CONTENT
Applicant Organization Information • Organization Name, Address (street, city, state, zip code) • Facility/Entity Type (e.g., FQHC, RHC, public health department), and, • Website Address (if applicable)
Designated Project Director Information • Project Director Name & Title, Phone Number(s), and E-Mail Address
Network Planning Project • Network Name

Legislative Aim(s)
 	
• Choose at least one Legislative Aim:
 	
  ➢ Aim #1: Achieve efficiencies
 	
  ➢ Aim #2: Expand access to, coordinate, and improve the quality of basic health care services
 	
  ➢ Aim #3: Strengthen the rural health care system
 	
• Network Planning Program examples

Focus Area Your application must clearly identify a focus area(s) based on the community needs. FORHP highly recommends that you include this language: • "(Your organization's name) focus area is (e.g., Care Coordination)

Proposed Service Region

- Example: states, cities, counties *(required))*

- <u>NOTE:</u> Proposed rural counties should be fully rural. For partially rural counties, include rural census tract(s)

ABSTRACT BODY CONTENT

Population to be Served

- Brief description of the population group(s) to be served

- Brief description of underserved populations who have historically suffered from poorer health outcomes, health disparities, and other inequities

---

Network Members

- Provide the organization names and facility/entity type of partner(s) who have agreed to be a part of the network.

- HRSA requires an attestation that at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment) of the proposed project are physically located in a HRSA-designated rural area, as defined by the [Rural](#) [Health Grants Eligibility Analyzer.](#)

- Identify the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.

Experience in Serving Rural Underserved Populations

- Describe experience serving or the capacity to serve, rural underserved communities. This can include collaborations, activities, program implementation and previous work of a similar nature.

- HRSA requires that applicants describe how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network.

Funding Opportunity Notification

Briefly describe how the applicant organization learned about this funding opportunity.

- Select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department, or Other (please explain)

Funding Preference

- Applicants must explicitly document a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)) to receive a funding preference. HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. If you do not qualify for a funding preference, please state that you do not qualify.

- If applicable, you need to provide supporting documentation in Attachment 8. Please refer to Section V.2 for further information.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE*
Work Plan	*Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. *Project Narrative*

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

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

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

Summarize the program's goals and expected outcomes of the program. You must address the following items:

Structural Need

A. Clearly describe the health care service environment and include appropriate data sources (i.e., local, tribal, state, and/or federal) in which the network is functioning.

B. Describe the structural challenges that affect health care in the service area (e.g., poverty, uninsured or underinsured, chronic disease burdens, social determinants of health, lack of administrative resources for grant writing and funding).

Community Need

C. Outline the needs of the rural community, how the rural community participated in identifying the need and/or focus area, and how the network members will address the unmet needs to serve and benefit the rural community.

D. Describe gaps in the existing health care system and activities that the network will perform to fill those gaps (i.e., personnel, service delivery needs, shared resources, etc.)

E. Explain how a Network Planning award would assist in the development of a formal network intended to address unmet community needs. Describe the need for creating a network to address the identified area(s) of focus. Demonstrate the need for federal funding to support network planning activities.

Health Equity

F. Describe the rural population to be served and any rural underserved communities including those who suffer from poorer health outcomes, health disparities, and other inequalities. These populations include but are not limited to; Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color, members of religious minorities; lesbian, gay, bisexual; transgender; and queer (LGBTQ+) persons, persons with disabilities; and persons otherwise adversely affected by persistent poverty or inequality (the full definition of underserved communities is available in **Appendix B; Common Definitions**. If data is unavailable on the underserve community identified, explain why and include other support or justification for the populations 's need.

G. Describe how the network will improve equity in the local health care environment.

H. Document the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data, when possible, to support the information.

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

All applicants should succinctly describe the activities and contributions of the applicant organization and the network members. Provide a brief overview of the applicant organization that includes information such as:

A. your organization's current mission

B. structure, leadership, size of organization, and staffing

C. scope of current activities

D. your organization's ability to manage the award project and personnel

E. your organization's financial practices and systems that assure your organization can properly account for and manage the federal funds.

Network Establishment

F. Your application must clearly describe how you plan to establish your network (if your network is newly formed), the proposed structure of your network, and how your network will address a need that cannot be addressed individually.

G. Your application must display the strength of the network's rural composition demonstrated by at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment in Attachment 7) located in a HRSA designated rural area and, applicants should provide the address of each network member and the screenshot of the urban or rural status.

Project Director

H. Identify the project director in the **Project Abstract** and **Attachment 4**. The project director will be responsible for project/program monitoring and carrying out the award activities. The proposed network should identify a permanent project director prior to receiving award funds. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

I. The network must have a permanent network director (i.e., network executive director) or have established an interim network director capable of overseeing the network's administrative, fiscal, and business operations at the time an award is made. HRSA strongly recommends the network director role be 1.0

FTE. HRSA prefers that the network director role is different from the project director role.

J. HRSA strongly recommends the project director allot adequate time (*at least .25 FTE*) to the program and has management experience involving multiple organizational arrangements. HRSA highly recommends your staffing plan should include supporting and key personnel that total **at least one full time-time FTE** at the time of application.

Key Personnel

K. Describe key personnel roles and how they relate to the network and planning project. Key personnel are individuals who would receive funds by this award or person(s) conducting activities central to this program (**Attachment 4**).

Network Members

L. It is recommended that applicants include a table in **Attachment 6** to present the following information on **each** network member:

- Organization name

- Organization's address of their physical location (this will be the address used to determine the urban/rural status on the Rural Health Grants Eligibility Analyzer)

- Primary contact person

- Employer Identification Number (EIN) associated with the organization being listed (must be provided for each network member unless the applicant is a tribe and/or requests a multiple EIN exception) and

- Verify and indicate the rural or urban eligibility of each network member (*per the Rural Health Eligibility Analyzer).*

M. All applicants should describe how the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the network. This should include a description that reflects a shared decision-making structure and capacity. Outline the roles and responsibilities within the network for each network member and address the capacity to carry out program goals. Explain why each of the proposed network members were selected, and the extent to which the network and/or its members engage the community in its planning and functions as appropriate.

▪ *APPROACH -- Corresponds to Section V's Review Criterion 2*

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. You must address the following items:

A. Identify the proposed goals, objectives, and expected outcomes for both network organizational development and program planning of the project.

B. Include information on how you selected network members for inclusion in the network. Include:

- The expertise of each network member

- Describe the role of each network member in the project (as it relates to **Attachment 6**).

- A description of previous collaboration among network members.

C. Describe how the rural underserved populations in the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the planning activities carried out by the network. When possible, provide and support your expected outcomes with quantifiable data.

D. if applicable, describe how the network plans to address and reduce health disparities within the target service area.

- *WORK PLAN -- Corresponds to Section V's Review Criterion 4*

Include a project work plan that clearly illustrates the network's goals, strategies, activities, and measurable outcomes proposed during the entire period of performance. The work plan must identify the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. Include the work plan as **Attachment 3**.

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

Discuss potential barriers and challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve those challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 & Criterion 5*

Describe how program goals will be tracked, measured, and evaluated, and how the network will measure progress toward meeting the project goals and objectives. FORHP recommends that these data are presented in a table format with the goals listed in the left-hand column (Goal 1, 2, 3, etc.). Across the top of the table, please include questions that will address how each goal will be tracked, measured, and evaluated (How will you measure program goals? How will you monitor program progress? How will programmatic success be evaluated?) Although tabular format is recommended, it is not required.

- *BUDGET AND BUDGET NARRATIVE -- CORRESPONDS TO SECTION V'S Review Criterion 6*

   A. Provide a complete, consistent, and detailed budget presentation for a one- year period of performance through the submission of the SF-424A budget form and a Budget Narrative that justifies the appropriateness of the requested funds. See Section IV.2.ii for more information regarding the Budget section.

   B. The budget should be reasonable, logical and clearly document how and why each line-item request (such as personnel, travel, equipment, supplies, contractual services, etc.) supports the goals and activities of the proposed award-funded activities.

iii. *Budget*

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

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

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

Program Income

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

Specific Instructions

In addition, the Rural Health Network Development Planning Program requires applicants to adhere to the following budgetary requirements:

   Travel: Please allocate travel funds for one (1) program staff to attend a one-and-a half (1.5) day award recipient meeting at a location to be determined and include the cost of this as a budget line item. To determine estimated travel costs to Washington, D.C., applicants should refer to the U.S. General Services Administration (GSA) per diem rates for FY 2024. Per diem rates can be found on the GSA's website: https://www.gsa.gov/travel-resources.

   Equipment: Equipment costs that exceed 5 percent of the total award amount may be considered unreasonable and thus, unallowable**.**

   Legal Costs: Legal costs that exceed 20 percent of the total award amount may be considered unreasonable and unallowable. Legal costs include services and

activities such as consultations, 501(c)(3) application preparation, articles of incorporation and by-laws development.

Contractual: Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Data Collection: Costs allocated to data collection must be commensurate with organization's staffing capacity for sustainability and strategic planning.

Other: The purpose of this program is to fund planning activities **only**. Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed unresponsive and will not be considered for funding under this notice.

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. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

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

In addition, the Rural Health Network Development Planning Program requires the following:

Please provide a budget narrative justification that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item supports the achievement of proposed objectives. The budget period is for one (1) year. Line-item information must be provided to explain the costs entered in the SF- 424A. Thoroughly describe how each item in the "other" category is justified. The budget narrative MUST be concise. Do NOT use the budget narrative to expand the project narrative.

v. *Attachments*

Provide the following attachments in the order we list them.

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

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

Attachment 1*:* Documentation from State Office of Rural Health (Required)

All applicants are required to notify their State Offices of Rural Health (SORHs) or other appropriate state entities to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORH's response to your

correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply. Applicants are strongly encouraged to notify their SORH early in the application process to give the SORH time to acknowledge it and be aware of your application. As such, please also include on the date the correspondence to your SORH was sent. SORHs applying as the applicant organization must provide an attestation that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state. By statute, all applicants are required to consult with their SORH or other appropriate state entities. However, if applicants from the U.S. territories do not have the ability to do so, this requirement does not apply, and U.S. territories are still eligible to apply. A list of the SORHs can be accessed at: https://nosorh.org/nosorhmembers/nosorh-members- browse-by-state/.

Attachment 2: Areas of Impact (Required)

Include a list of the impacted areas, counties and cities, and a legible map that clearly shows the location of network members. If an organization is located in a rural census tract of an urban county, the rural census tract(s) must be clearly identified here as well as the county and census tract(s) of the network members. **Note**: Maps should be legible and in black and white. **This attachment will count toward the page limit.**

Attachment 3: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. The work plan should illustrate the network's goals, strategies, activities, and measurable progress and outcome measures. The work plan must outline the individual or organization responsible for carrying out each activity and include a timeline for the period of performance. **This attachment will count toward the page limit.**

Attachment 4: 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 proposed project staff to run the network, and specifically to accomplish the proposed network planning project. Staffing needs should be explained and should have a direct link to activities proposed in the Project Narrative and budget sections of the application. Staffing plan should include in-kind personnel to the program. Your staffing plan should demonstrate supporting and key personnel that total at least one full-time FTE at the time of application. For the purposes of this application, key personnel are individuals who are funded by this award or person(s) conducting activities central to this program. **This attachment will count toward the page limit.**

Attachment 5: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in *Attachment 4* 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. If the project director served in this position for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award.

Attachment 6: Network Organizational Chart and Network Member Information (Required)

Provide a **one-page** network organizational chart of the network that includes how decisions will be made and how communication will flow; and provide a list of all network members that includes:

- o The organization's name and type (e.g., community health center, hospital, health department, etc.);

- o The organization's address of their physical location (this will be the address used to determine the urban/rural status on the Rural Health Grants Eligibility Analyzer)

- o The name of the key person from the organization that will be working on the program;

- o Anticipated role and responsibility in the Network Planning program;

- o EIN of each proposed network member unless the applicant is a tribe and/or requests a multiple EIN exception;

- o Verify and indicate that at least sixty-six percent (66%), or two-thirds of network member organizations (members with signed Letters of Commitment) of the proposed project are physically located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer by providing screenshots from the analyzer of the urban or rural status for each network member.

This attachment counts toward the page limit.

Attachment 7: Letters of Commitment (Required)

All applicants must provide a scanned, underline signed copy of a Letter of Commitment from each of the network members. Letters of commitment must be submitted with the application and must clearly identify the organizations' roles and responsibilities in the network and project, the activities they will be included in, and how that organization's expertise is pertinent to the Network Planning project. The letter must also include a statement indicating that the proposed partner understands that the award funds be used for the development of a health care network and are not to be used for the exclusive benefit of any one (1) network partner or to provide clinical services.

Attachment 8: Proof of Funding Preference Designation/Eligibility (if applicable)

Refer to Section V.2. and the Project Abstract for the content requirements. If you do not qualify for a funding preference, please state that you do not qualify. This attachment

will not count towards the 50-page limit. **This attachment will not count toward the page limit.**

Attachment 9: Previous Grants (if applicable)

If the applicant organization has received any funds from the Federal Office of Rural Health Policy within the last 5 years, the grant number and the abstract from the previous award should be included. Please only provide the grant number(s) and abstract(s). (Not scored during the objective review). **This attachment will not count toward the page limit.**

Attachment 10: EIN/DUNS Exception Request (if applicable)

Multiple applications associated with the same UEI (previously DUNS) number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations may share an EIN with its parent organization. As a result, at HRSA's discretion, separate applications associated with a single UEI number and/or EIN are allowable, as long as the applicants provide HRSA with all of the following information requested in Attachment 10:

1. Names, street addresses, EINs, and DUNS numbers of the applicant organizations;

2. Name, street address, EIN and DUNS number of the parent organization;

3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;

4. Proposed HRSA-24-007 service areas for each applicant organization;

5. Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and

6. Signatures from the points of contact at each applicant organization and the parent organization

NOTE: Single organizations (e.g., a parent organization/headquarters) cannot submit multiple applications, even if the proposed projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, for the purposes of this program, it is still considered an application submitted by the parent organization and thus, multiple applications are not allowed.

Applications associated with the same UEI number and EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in Attachment 10, or are nearly identical in application content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will

only accept the last submitted application for HRSA-24-007 associated with the EIN or DUNS number. **This attachment will not count toward the page limit.**

Attachment 11: Tribal EIN Exception Request (if applicable)

For Tribal EIN Exception requests, the following must be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant and network partner organizations

- Justification for the network partner organizations under the same EIN, for example, unique focus area or services provided, lack of other appropriate entities, etc.

This attachment will not count toward the page limit.

Attachments 12-15: Other Related Documents (Optional)

Include here any other documents that may be relevant to the application (e.g., Indirect Cost Rate Agreement) (not scored during the objective review). **These attachments will not count toward the page limit.**

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

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

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

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[4]

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

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

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

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

- System for Award Management (SAM) (SAM Knowledge Base)

- Grants.gov

---

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

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 the *Application Guide.*

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

4. Submission Dates and Times

Application Due Date

Your application is due on *January 26, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Rural Health Network Development Planning Program must follow the terms of Executive Order 12372 in 45 CFR part 100.

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

6. Funding Restrictions

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 the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following purposes:

- To build or acquire real property or for construction or major renovation or alteration of any space (see 42 U.S.C. 254c(h))

- To pay for the direct provision of clinical health services; please see **Appendix B**.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

V. Application Review Information

1. Review Criteria

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

We use six review criteria to review and rank the Rural Health Network Development Planning Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (50 points) – Corresponds to Section IV's INTRODUCTION & NEED

Structural Need (15 points)

1. The extent to which the application clearly describes the health care service environment in which the network will be developed and includes appropriate data sources (i.e., local, tribal, state, and/or federal) in the analysis of the environment in which the network is functioning.

2. The extent to which the application clearly describes structural challenges that affect health care in the service area.

Community Need (15 points)

1. The extent to which the application clearly describes the purpose of the proposed program, the local/regional health care environment, how the community identified the need and/or focus area(s), expected benefit to the

rural community, and the aim(s) the Network Planning Program project would support.

2. The extent to which relevant services currently available in or near the network service area are discussed as well as the potential impact of the network's activities on providers, programs, organizations, and other network entities in the community. The extent to which the network provides clear examples and strategies describing how the program will benefit the area health providers' ability to improve access to health care and serve the community.

3. The extent to which the applicant describes why federal funds are needed to support a network in this service area at this time.

4. The extent to which the application identifies the gaps of the existing health care service providers and the activities the network will perform to fill those gaps (that is, personnel, service delivery needs, shared resources, etc.). In this case, the application includes information on the population in relation to these health care provider factors.

Health Equity Need (20 Points)

1. The degree to which the application identifies the population (and/or subpopulation) of the service area using demographic data wherever appropriate or if unable to provide demographic data, clearly explains why and how the need was otherwise identified. The extent to which the application documents the unmet health needs/problems.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's APPROACH AND RESOLUTION OF CHALLENGES

Approach (15 points)

1. The extent to which the application identifies the expertise and capacity of each proposed member, and how the expertise relates to the network's goals as evidenced by the proposed roles and responsibilities of each network member and the key person who will oversee the network activities for each member (see **Attachment 6**).

2. The potential level of impact of the network's services on the providers that are not members of the network in the service area.

3. If applicable, the extent to which the network plans to address and reduce health disparities within the target service area.

4. The extent to which the network will impact their rural community and providers.

5. The extent to which the network will strengthen its relationship with the community/region it serves.

Resolution of Challenges (5 points)

1. The extent to which the applicant clearly identifies and discusses anticipated challenges that might be encountered in designing and implementing the activities described in the work plan.

2. The extent to which the applicant describes unique approaches to resolve each anticipated and/or existing challenge.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

1. The extent to which the program objectives are able to be tracked, measured and evaluated.

2. The clarity and appropriateness of the data collected to inform network activities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's *WORK PLAN*

1. The clarity and appropriateness of the proposed goals and objectives, the aim(s) the activities are supporting, and the extent to which program activities would result in achieving the proposed goals outlined in the program work plan.

2. The extent to which the application includes a clear work plan that is aligned with the network's goals and objectives. The appropriateness of the work plan in identifying responsible individuals and organizations and a timeline for each activity throughout the one (1) year period of performance.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's *ORGANIZATIONAL INFORMATION*

1. The qualifications, appropriateness of the resources, and capability of the applicant organization to meet program and financial requirements. The extent to which the application demonstrates experience serving, or the capacity to serve, rural underserved populations to accomplish project activities.

2. Strength of the network's rural composition demonstrated by at least sixty-six percent (66%), or two-thirds of network members (members with signed Letters of Commitment in **Attachment 7**) located in a HRSA designated rural area and, applicants should provide the address of each network member and the screenshot of the urban or rural status.

3. Strength and qualifications of the project director who will be responsible for monitoring the program and ensuring that award activities are carried out If the network/program has an interim director the timeliness and feasibility of the process for hiring a director.

4. The inclusion of network member organizational information in **Attachment 6,** including the physical address of network members demonstrating at least sixty-six percent (66%) or two-thirds of network partners are located in a HRSA designated rural area, provided**.**

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [BUDGET AND BUDGET NARRATIVE](#)

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

2. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.

3. The extent to which the budget narrative logically and clearly documents how and why each line-item request (e.g., personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and objectives of the proposed award-funded activities.

2. Review and Selection Process

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

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

For this program, HRSA's intent is to award approximately 30 projects to support the planning and development of rural health networks with a specific focus on collaboration between entities to establish or improve local capacity and care coordination in historically underserved communities. As a result, HRSA may need to fund out of rank order.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c(h)(3). If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not

receive a funding preference, it will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will apply it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification(s) to meet the funding preference(s):

Qualification 1: Health Professional Shortage Area (HPSA)
You meet this funding preference qualification if: the applicant or the service area of the applicant is in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: https://data.hrsa.gov/tools/shortagearea/by- address

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)

You meet this qualification if: the applicant or the service area of the applicant is in a medically underserved community (MUC) and/or if the applicant serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: https://data.hrsa.gov/tools/shortage-area/by-address.

Qualification 3: Focus on Primary Care, and Wellness and Prevention Strategies

You meet this qualification if: your project focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than three sentences) describing how your project focuses on primary care and wellness and prevention strategies.

If applicable, please indicate which qualification is being met in the **Project Abstract** and **Attachment 8**. Please label documentation as Proof of Funding Preference Designation/Eligibility. If you do not provide appropriate documentation in **Attachment 8**, as described, you will not receive the funding preference.

HRSA highly recommends you include concise language making it clear to HRSA which funding preference you qualify for. You only need to meet one of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant's competitive position. If you do not qualify for a funding preference, please state that you do not qualify for a funding preference.

3. Assessment of Risk

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

First, your application must get a favorable merit review. Then we:
- Review past performance (if it applies)

- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

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

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

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

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

- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply.

- The standard certification and representations included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

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

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

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

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

Subaward Requirements

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

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

Data Rights

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

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

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

3. Reporting

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

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.

2) **Performance Measures Report**. A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report, and analyze data on PIMS through HRSA's Electronic Handbook (EHB) after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate the overall impact of the program. Upon award, recipients will be notified of specific performance measures required for reporting. Please refer to **Appendix C** for performance measures.

3) **Strategic Plan.** A strategic plan is required during the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. It may also include an external environmental scan. Further information will be provided upon receipt of the award.

4) **Network Organizational Assessment.** A Network Organizational Assessment is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

5) **Grantee Directory and Source Book.** A Grantee Directory and Source Book is required during the period of performance in the EHB. Further information will be provided upon receipt of the award.

6) **Final Programmatic Report.** A Final Programmatic Report is required after the end of the period of performance in the EHB. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and solutions. Further information will be provided upon receipt of the award.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Eric Brown
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-945-9844
Email: ebrown@hrsa.gov

Program issues or technical assistance:

Nkem Osian
Public Health Analyst
Attn: Rural Health Network Development Planning Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Call: 301-443-2751
Email: nosian@hrsa.gov

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

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

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

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

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

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide.*

Appendix A: Pre-Application Planning Advice and Legislative Aims

Pre-application Planning Advice

a. Successful applicants have shared that an effective strategy in their pre- application planning process was to involve all parties having a stake in their program. HRSA urges significant community involvement in the program from the very beginning. You should work closely with community representatives and organizations that will be affected by the programs or involved with its implementation.

    • Community involvement can be accomplished with town meetings, focus groups, surveys, and other appropriate techniques. This engagement will help identify and reach consensus on community needs that will be addressed by the program. Community representatives and participating organizations should also be involved in setting the specific goals for the program and in decisions on the allocation of award resources.

b. Programs that bring together multiple sources of support are encouraged. If other resources are available or anticipated (e.g., federal, state, philanthropic, etc.), it will strengthen the sustainability of the program. HRSA is interested in developing strategies to address the health care needs of underserved populations that can be adapted to other rural communities around the country.

c. Network Planning Program awards require substantive participation by at least three different health care provider organizations. Many applications fail to establish a meaningful and substantive role for each member of the network, which results in the application receiving a less than satisfactory rating. All network members must be fully involved in the proposed program, and all must work together to achieve the program goals.

d. Applications that delay planning, consensus building and approval by appropriate network members until close to the application deadline may risk the appearance that the program does not have sufficient commitment by all network members. This weakness could jeopardize a positive review of the application. Assure your community and network members are involved from the start and final signatures are secured well before the application deadline. With the electronic submission process, signed copies of letters of commitment can be scanned for upload.

e. Prepare a complete budget for the full duration of your period of performance. Your budget narrative should explain how the funds will be spent. The budget narrative must link back to the activities of the proposed program.

f.   Examples of planning activities within the legislative aim(s) #1, #2, and #3 are:

Aim #1: Achieve efficiencies: Planning activities may include, but are not limited to:

- o Conducting a community health and/or provider needs assessments at the regional and/or local level:

     - Develop and implement a needs assessment in the community;

     - Identify the most critical need of network members to ensure their viability:

     - Identify additional collaborating network members in the community/region;

     - Identify and develop a plan to address workforce issues; or

     - Identify financial resources or gaps available to support services.

- o Updating a health information technology plan, which helps to improve outcomes for rural patients, based on the current standards of care, reporting enhancements and/or capacity.

- o Identifying a plan for developing regional systems of care to better meet rural patient concerns.

- o Identifying opportunities for the network to better address regional and/or local population health needs.

Aim #2: Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes: Planning activities may include, but are not limited to:

- o Developing a network business and/or operations plan, which may include:

     - A formal memorandum of agreement or understanding (MOA/MOU);

     - A shared mission statement;

     - A network/governance board or decision-making structure;

     - A set of network bylaws;

     - The roles and responsibilities of the network members or a business model.

- o Identifying the degree to which the network members are ready to integrate their functions and share clinical and/or administrative resources.

- Assessing appropriateness/readiness for Patient Centered Medical Home accreditation.

- Identifying strategies to communicate with the community about changes in the health care landscape and how to maintain access to viable health care services.

- Developing a plan to expand the role of emergency medical services within the community, including loss of services as a result of a hospital closure/conversion.

- Developing a data use and sharing agreement to facilitate strategic and sustainability planning for the intervention.

Aim #3: Strengthen the rural health care system as a whole: Planning activities may include, but are not limited to:

- Identifying ways to encourage cross-organizational collaboration and leadership commitment.

- Assessing the network's sustainability and viability.

- Identifying and establishing ways to obtain regional and/or local community support/buy-in around the development of the network.

- Identify a strategy to leverage broadband connectivity to support health information technology applications in rural communities.

Appendix B: Common Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Budget Period – An interval of time into which the period of performance is divided for budgetary and funding purposes.

Direct Services – A documented interaction between a patient/client and a clinical or non-clinical health professional. Examples of direct services include (but are not limited to) patient visits, counseling, and education. This includes both face-to-face in-person encounters as well as non-face-to-face encounters.

Equipment – Tangible personal property that has a useful life of more than one year and a per-unit acquisition cost, which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000. See 45 CFR 75.320.

Equity – The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[5]

NOTE: Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences.

Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[6]

Governing Board – A nonprofit board made up primarily of representatives of the organizations participating in the network, to ensure they control decisions regarding network activities, programmatic decisions, and finances. The body should include representation from **all** network member organizations. An already-existing nonprofit

---

[5] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR- 2021-01-25/pdf/2021-01753.pdf.

[6] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

board of individuals convened for providing oversight to a single organization is **not** an appropriate board structure.

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

Health Information Technology – The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

Horizontal Network – A network composed of the same type of health care provider, e.g., all hospitals or all community health centers as one network.

Hospital Closure – The cessation of general, short-term, acute inpatient care within the past three years.

Hospital Conversion – A former hospital that now provides a mix of health services, but no inpatient care. Converted facilities could provide urgent care, rehabilitation, primary care, skilled nursing care, etc.

Health Care Network – A formal organizational arrangement among at least three regional or local health care organizations that comes together to plan and develop strategies for improving health services in a community.

Memorandum of Agreement – The Memorandum of Agreement (MOA) is a written document that must be signed by all network member CEOs, Board Chairs or tribal authorities to signify their formal commitment as network members. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Project Director – An individual designated by the award recipient institution to direct the project or program being supported by the award. The Project Director is responsible for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to HRSA and for the performance and financial aspects of the award supported activity. The Interim Project Director may be employed by or under contract to the award recipient organization. The permanent Project Director may be under contract to the award recipient and the contractual agreement must be explained.

HRSA prefers that the network director role is different from the project director role.

Nonprofit – Any corporation, trust, association, cooperative, or other organization, not including IHEs, that:

(1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;

(2) Is not organized primarily for profit; and

(3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

See 45 CFR 75.2.

Notice of Award – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

Program – All proposed activities specified in a grant application as approved for funding.

Period of Performance – the time during which the non-Federal entity may incur new obligations to carry out the work authorized under the Federal award. The Federal awarding agency or pass-through entity must include start and end dates of the period of performance in the Federal award (see §§ 75.210(a)(5) and 75.352(a)(1)(v)). See 45 CFR 75.2.

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include sub recipients.

Rural – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs. https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx

Rural Hospital – Any short-term, general, acute, non-federal hospital that is not located in a metropolitan county, is located in a RUCA type 4 or higher, or is a Critical Access Hospital.

State – Includes, in addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, and the Republic of Palau.

Telehealth – The use of electronic information and telecommunication technologies to support remote clinical services and remote non-clinical services.[3]

1. *Telecommunication technologies* include but are not limited to: mobile health, video conferencing (with or without video), digital photography, store-and forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients not including EMR/EHR systems;

2. *Remote clinical services* include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient;

3. *Remote non-clinical services* include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

NOTE: If a telecommunication technology, remote clinical or remote non-clinical service is missing, please reach out to your PO for further clarification.

Tribal Government – Includes all federally-recognized tribes and state-recognized tribes.

Tribal Organization – Includes an entity authorized by a tribal government or consortia of tribal governments.

Underserved Communities – Populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.[7]

Vertical Network – A network composed of a variety of health care provider types, e.g., a hospital, rural health clinic, and public health department.

---

[7] Executive Order 13985, at § 2(b).

Appendix C: Performance Measures

Rural Health Network Development
Planning Program Performance
Improvement and Measurement System
(PIMS)

NOTE*:* The following measures are proposed, non- finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that may be required. HRSA will provide additional information upon award.

1	Identify the types and number of organizations in the consortium or network for your project.			
2	Total number of new member organizations that joined the consortium/network during this project period.			
3	Indicate the total number of full-member (all members that signed MOU, MOA, or letters of commitment) network meetings conducted during the reported budget year by meeting type.			
4	From the beginning of this budget year, assess the following overall Network activities (check one answer for each type of network activity):			
	Type of Network Activity	Increased	No Change	Reduced
	Financial Cost Savings			
	Access to Educational Opportunities			
	Access to Equipment			
	Access to Subject Matter Experts			
	Understanding of Community Health Needs			
	Staffing Capacity			
	Other (Please Specify):			
5	What area(s) was the network focusing on for this project period? (Check all that apply)			
6	How many activities from the project work plan were <u>initiated</u> by at least two or more network members?			
7	How many activities from the project work plan were <u>completed</u> by at least two or more network members?			
8	What type of Network Planning Program activities were done during the project			

	period?
9	Additional funding secured to assist in sustaining the network?
	Please provide the amount of additional funding that has already been secured during this current project period to sustain the program or network, as a result of leveraging the grant.
10	Estimated amount of cost savings due to participation in the network during this current project period
11	Sources of additional revenue (if applicable).
12	How many of the network members have provided the following in-kind services?
13	How many network policies or procedures were created during this budget period?
14	How many network policies or procedures were amended during this budget period?
15	How many network policies or procedures were implemented during this budget period?
16	As a result of being part of the network, how many network member organizations were able to integrate joint policies/procedures within their respective organizations during this budget period?
17	Will the activities of the Network/Consortium continue to operate after the federal grant funding period?
18	Does the network have a process or tool to assess effectiveness of network performance after the federal grant funding period? If yes, how will the network performance be assessed?
19	Does the network include a process or tool to assess effectiveness of network director (or the person tasked with leading the network)? If yes, how is the network director (or the person tasked with leading the network) assessed?
20	Did the network meet its program objectives outlined in the Network Planning Program grant work plan?

Appendix D: Useful Resources

Several sources, including those listed below, offer data and information that will help you in preparing the application. Any source listed below does not constitute or imply an endorsement by HRSA or the U.S. Department of Health and Human Services. The views and opinions expressed in any referenced link or document do not necessarily reflect those of HRSA or the U.S. Department of Health and Human Services:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health

Reference material available at the website, which includes:

- Strategic Planning for Rural Health Networks Website:
  https://www.ruralcenter.org/resource-library/report-strategic-planning-for- rural- health-networks

- Rural Health Network Profile Tool Website:

  https://www.ruralcenter.org/resource-library/rural-health-network-profile-tool

- The Science and Art of Business Planning for Rural Health Networks Website:

  http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.199.6566&rep=rep1&type=pdf

- Shared Services: The Foundation of Collaboration Website:

  https://www.ruralcenter.org/resource-library/shared-services-the-foundation- of-collaboration

- Formal Rural Health Networks: A Legal Primer Website:
  https://www.ruralcenter.org/resource-library/forming-rural-health-networks-a- legal-primer

Agency for Healthcare Research and Quality

Health Literacy Universal Precautions Toolkit

Website: https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html

Community Health Systems Development team of the Georgia Health Policy Center

Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.

Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

Department of Health and Human Services (DHHS)

Resource for Health Literacy

Website: https://health.gov/our-work/health-literacy/health-literate-care-model

Health Resources and Services Administration (HRSA)

Health Resources and Services Administration

Offers links to helpful data sources including state health department sites, which often offer data.

Website: http://www.hrsa.gov

HRSA Data Warehouse

View the abstracts of previous Network Planning Program award recipients. Website: Find Grants (hrsa.gov)

Instructions: View Tools → Find Grants → Filter → Program Areas: Rural Health →

Program Name: Rural Health Network Development Planning Program (P10) → Submit

Kaiser Family Foundation

Resource for data and information

Website: http://www.kff.org

Maternal and Child Health Data System

Offers data, sorted by state, on services to women and children

Website: https://mchb.tvisdata.hrsa.gov/

National Association of County and City Health Officials (NACCHO):

Provides a guide that demonstrates how building collaborations among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.

Website:

http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/Mobi lizingCommunityPartnerships_7-29.pdf

National Center for Health Statistics

Provides statistics for the different populations.

Website: http://www.cdc.gov/nchs/

Rural Health Research Gateway

Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present.

Website: http://www.ruralhealthresearch.org/

Technical Assistance and Services Center

Provides information on the rural hospital flexibility and network resource tools.

Website: http://www.ruralcenter.org/tasc

Telehealth Resource Centers (TRCs)

The Federal Office of Rural Health Policy supports TRCs, which provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care in remote areas.

Website: https://www.telehealthresourcecenter.org/

The Rural Health Information Hub (RHI Hub)

The RHI Hub is a national resource for rural health and human services information.

Website: https://www.ruralhealthinfo.org

- Rural Health Networks and Coalitions Toolkit: https://www.ruralhealthinfo.org/toolkits/networks

University of Minnesota (UMN) Rural Health Research Center

The HRSA-funded Rural Health Research Center at the University of Minnesota has conducted a number of policy briefs on the Rural Health Network Development Planning Program. Policy briefs include topics such as: barriers and facilitators of success, race and rurality, and trends in network focus areas.

Website: https://www.ruralhealthresearch.org/projects

Appendix E: 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: Documentation from State Office of Rural Health	*My attachment = ___ pages*
Attachments Form	Attachment 2: Areas of Impact	*My attachment = ___ pages*
Attachments Form	Attachment 3: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 4: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 5: Biographical Sketches of Key Personnel	*(Does not count against the page limit)*

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 6: Network Organizational Chart and Network Member Information	*My attachment = ___ pages*
Attachments Form	Attachment 7: Letters of Commitment	*My attachment = ___ pages*
Attachments Form	Attachment 8: Proof of Funding Preference (if applicable)	*(Does not count against the page limit)*
Attachments Form	Attachment 9: Previous Grants (if applicable)	*(Does not count against the page limit)*
Attachments Form	Attachment 10: EIN/DUNS Exception Request (if applicable)	*(Does not count against the page limit)*
Attachments Form	Attachment 11: Tribal Exceptions Letter (if applicable)	*(Does not count against the page limit)*
Attachments Form	Attachment 12-15: Other Related Documents (Optional)	*(Does not count against the page limit)*
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*

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*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-007 is 50 pages		**My total = ____ pages**