

Notice of Funding Opportunity  
Application due February 19, 2025

# HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy







Community-Based Division

# Rural Health Network Development Planning Program

Opportunity number: HRSA-25-037



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Appendix A: Rural Eligibility

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# Before you begin

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

## **SAM.gov registration (this can take several weeks)**

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

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

## **Grants.gov registration (this can take several days)**

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

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

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on February 19, 2025.



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



# Step 1:

# Review the Opportunity

## In this step

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# Basic information

## Health Resources and Services Administration (HRSA)

Federal Office of Rural Health Policy

Community-Based Division

Support the planning and development of integrated health care networks to achieve efficiencies, improve health care services and associated health outcomes, and strengthen the rural health care system.

## Summary

The Rural Health Network Development Planning Program supports the planning and development of integrated health care networks in rural areas that collaborate to:

- Achieve efficiencies.
- Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes.
- Strengthen the rural health care system as a whole.

The purpose of this program is to fund planning activities only.

## Funding details

Application type: New

Expected total available funding in FY 2025: \$3,500,000

Expected number and type of awards: Up to 35 new grants.

Funding range per award: Up to \$100,000.

We plan to fund awards in one 12-month budget period for a total one-year period of performance from July 1, 2025 to June 30, 2026. The program and estimated awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations.

### Have questions?



Go to [Contacts and Support](#).

## Key facts

### Opportunity name:

Rural Health Network Development Planning Program

### Opportunity number:

HRSA-25-037

### Announcement version:

New

### Federal assistance listing:

93.912

### Statutory authority:

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

## Key dates

### NOFO issue date:

December 18th, 2025

### Informational webinar:

January 7, 2025

### Application deadline:

February 19, 2025

### Expected award date is

by: June 1, 2025

### Expected start date:

July 1, 2025

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

# Eligibility

## Who can apply

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

## Types of eligible organizations

These types of domestic\* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Nonprofits with or without a 501(c)(3) IRS status
- For-profit organizations, including small businesses
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states
- Independent school districts
- Federally Qualified Health Centers (FQHC)
- Community health centers
- Rural Health Clinics (RHCs)
- Hospitals
- Rural Emergency Hospitals
  - Native American tribal governments
  - Native American tribal organizations

Tribal exception: HRSA is aware that tribes and tribal organizations may have an established infrastructure without separation of services recognized by filing for EINs or UEI. In case of tribes and tribal governments, only a single EIN or UEI 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 or UEI. Each tribe or tribal entity must be committed to the proposed approach as evidenced by a signed letter of commitment. Please see the [Tribal EIN/UEI exception request attachment](#) for information on how to request this exception.

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

Individuals are not eligible applicants under this NOFO.

## Other eligibility criteria

Applicants must meet all the requirements in the [eligibility](#) section, as well as the following additional criteria. If you do not meet all of these requirements, it will have impacts on the eligibility and scoring of your application.

You must:

- Represent a network composed of participants (including the applicant organization) that include three or more health care provider organizations.
- Have demonstrated experience serving, or capacity to serve, rural underserved populations. You can demonstrate this by describing the buy-in from the rural community or communities your proposed project plans to serve in the [project abstract](#).

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

- Have not previously received an award under this program (42.U.S.C. 254c(f)) for the same or a similar project.
- Recipients who have previously received an award under this program that seek to expand network services or service areas are eligible to apply if they do at least one of the following:
  1. Include new or additional stakeholders. Applicant organizations representing existing networks are eligible to apply if they propose to collaborate with at least two outside organizations they have not worked with before under a formal relationship.
  2. Engage a new population or new focus area.
- Consult the [State Office of Rural Health \(SORH\)](#) regarding your intent to apply to this program.
  - If you are applying from a U.S. territory and your territory does not have the functional equivalent of a SORH, this requirement does not apply. U.S. territories are still eligible to apply.
  - Refer to [Attachment 1](#) for required documentation from SORH.
- Use grant funds in alignment with the purpose of this program which funds planning activities only. Planning activities are those that prepare a community to provide direct health services. Planning activities grant funds can be used for can include but are not limited to:
  - Rural health care network integration.
  - Strengthening operations.
  - Creating or improving care coordination policies and procedures.



Some examples of these planning activities could include developing or strengthening new network partners to support future community health efforts, such as planning activities to develop a plan to integrate and maintain access to health and human services such as planning for mobile cancer screening programs, chronic disease management programs, oral health care and mental/behavioral health care services, among others.

Note: Applications that propose to use award funds to pay for the direct provision of clinical health services will be deemed nonresponsive and will not be considered for funding under this notice.

- Ensure all planning activities target a rural service area that includes only counties and/or census tracts that are located in [HRSA-designated rural areas](#).
  - Proposed counties served by the project may be fully rural or partially rural and must be included in your [project abstract](#).
  - If you propose to serve a rural census tract in a partially rural county, the rural census tract must be indicated in your [project abstract](#). Grant funds cannot be used for activities that are not [HRSA-designated rural areas](#). serve non-rural census tracts in partially rural counties.

## Network Requirements

For the purposes of this program, we define a health care network as at least three regional or local organizations that come together to develop strategies for improving health services in a community.

Network participants refers to the local organizations that come together to form a health care network. Network participant organizations must meet all of the following requirements:

- Network participant organizations may be physically located in rural or urban areas.
- We recognize that rural-urban collaborations can sometimes lead to the underrepresentation of rural needs. Therefore, HRSA requires that at least 66% or two-thirds of network participant organizations of the proposed project be physically located in a qualifying eligible [HRSA designated rural area](#).
- The applicant organization must verify and indicate the rural or urban designation for each network participant in [Attachment 6](#).
- Each applicant organization and network participant must have its own EIN number unless an exception is requested. The EIN number for applicant organization and each network participant should be included in [Attachment 6](#).
- All applicants must provide a scanned, signed copy of a letter of commitment from each of the network participant in [Attachment 7](#). Signed copies of the letters of

commitment should be provided for all network participants listed in [Attachment 6](#).

## Completeness and responsiveness criteria

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

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.

## Application limits

Generally, you may not submit more than one application under the same Unique Entity Identifier (UEI) (previously DUNS) number and/or EIN.

You may only submit more than one application under the same Unique Entity Identifier (UEI) number and/or EIN if each proposes distinct projects and an appropriate EIN exception request is submitted with your application. We will only review your last validated application for each distinct project before the deadline.

For more information about UEI/EIN exceptions requests, please see [Attachment 10](#): EIN exception request and [Attachment 11](#): Tribal EIN exception request.

## Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during [merit review](#). We will hold you accountable for any funds you add, including through [reporting](#).

# Program description

## Purpose

The Rural Health Network Development Planning Program supports the planning and development of rural integrated health care networks with specific focus on collaboration of entities to establish or improve local capacity and care coordination in underserved communities. Specifically, the program uses the concept of developing networks as a strategy for linking rural health care network participants together to achieve greater collective capacity to overcome local challenges, expand access and improve the quality of care in the rural communities these organizations serve.

The program helps network participants work together on three legislative aims:

- Achieve efficiencies.
- Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes.
- Strengthen the rural health care system as a whole.

The intent is that rural health networks will do the following:

- Expand access to care.
- Increase the use of health information technology.
- Explore alternative health care delivery models.
- Continue to achieve quality health care across the continuum of care.

## Goals

The goal of this program is to support the planning and development of integrated health care networks that:

- Facilitate collaboration among health care networks to achieve efficiencies and improve access to quality health care services and outcomes in rural areas.
- Strengthen the rural health care system as a whole by fostering partnerships among diverse health care entities.
- Enhance local capacity to improve rural community health interventions and coordinate care effectively.

## Background

The program is authorized by 42 U.S.C. 254c(f) (330A(f) of the Public Health Service Act). The intent of the Network Planning Program enables recipients to use federal funding for the planning and development of integrated health care networks to

achieve efficiencies, improve health care services and associated health outcomes, and strengthen the rural health care system.

## Program requirements and expectations

Projects funded through this program must also meet the requirements and expectations outlined in this section.

### Legislative aims

The program requires a selection of **at least one** of the program's legislative aims. Applicants must select one or more of the following aims:

#### **Aim #1: Achieve efficiencies.**

Planning activities may include, but are not limited to:

- Conducting a community health and/or provider needs assessments at the regional and/or local level. This needs assessment could be any of the following:
  - Identify the most critical need of network participants to ensure their viability.
  - Identify additional collaborating network participants in the community/region.
  - Identify and develop a plan to address workforce issues.
  - Identify financial resources or gaps available to support services.
  - Identifying a plan for developing regional systems of care to better meet rural patient concerns.
  - Identifying opportunities for the network to better address regional and/or local health population needs.

#### **Aim #2: Expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes.**

Activities may include, but are not limited to:

- Developing a network business and/or operations plan to address a local health care challenge, 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 participants or a business model.

- Identifying the appropriate governance structure for participants to use in creating a network.
- Identifying strategies to communicate with the community about changes in the health care landscape and how to develop a plan to maintain access to viable health care services.
- Integrating health and human services, including enhancing access for those with disabilities and planning activities to develop a plan to integrate and maintain access to health and human services such as planning for mobile cancer screening programs, chronic disease management programs, oral health care and mental/behavioral health care services, among others.
- 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 and/or readiness to support labor and delivery.
  - 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 that enhance health.
- 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.

# Award information

## Funding policies and limitations

### Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.

- Satisfactory progress in meeting the project's objectives.
- A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list
  - Extend the period of performance
  - Award supplemental funding

## General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

## Program-specific statutory or regulatory limitations

You cannot use funds:

- To build or acquire real property.
- For construction.
- To pay for equipment costs not directly related to the award.
- To pay for the direct provision of clinical health services.

See [Manage Your Grant](#) for other information on costs and financial management.

## Indirect costs

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

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

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

**Method 2 – *De minimis* rate.** [Per 45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

## Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



# Step 2:

# Get Ready to Apply

## In this step

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# Get registered

## SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

## Grants.gov

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

# Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-037.

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

# Application writing help

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

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

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

## Join the webinar

For more information about this opportunity, join the webinar on January 7, 2025 at 2:00pm ET. You can join at <https://hrsa-gov.zoomgov.com/j/1603445605?pwd=EDaALjYgl7n3Oq7sWCjAvNXwfQUbH.1>.

If you are not able to join through your computer, you can call in:

- Dial-in: 833 568 8864
- Participant Code: 26433025

We will record the webinar. If you are not able to join live, you can request a recording by emailing [cdarnell@hrsa.gov](mailto:cdarnell@hrsa.gov).

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



# Step 3:

# Write Your Application

## In this step

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# Application contents and format

Applications include five main components. This section includes guidance on each.

Application page limit: 40 pages

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

Make sure you include each of these:

Components	Submission format
<a href="#">Project abstract</a>	Use the Project Abstract Summary form.
<a href="#">Project narrative</a>	Use the Project Narrative Attachment form.
<a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form.
<a href="#">Attachments</a>	Insert each in the Attachments form.
<a href="#">Other required forms</a>	Upload using each required form.

## Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

## Project abstract

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

At the top, include your:

- Organization name and full address.
- Entity type/type of facility.
- Website URL if you have one.
- Proposed service region, which includes states, cities, and counties.
- 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 and associated health outcomes.
    - Aim #3: Strengthen the rural health care system as a whole.
- Focus area(s) based on community need.
  - For example, a focus area might be care coordination, mental health, women's health, etc.
- [Funding preference](#).
- If you do not qualify for a funding preference, please state this in your project abstract.

## Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order listed.

### Introduction

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

Briefly describe the purpose of your project.

Briefly describe the population you will serve.

- Clearly identify and describe your organization's focus area, proposed project goals, and objectives, as they relate to community needs.
- Discuss how project goals and planning activities will support your chosen legislative aim(s).
- List the names of network participants who have signed a memorandum of understanding/agreement or a letter of commitment for the proposed project.

### Need

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

You must address the following items:

- Clearly describe the health care service environment in which the network will function. Include supporting information from appropriate data sources, such as local, tribal, state, or federal data.

- Identify the structural challenges affecting health care in the service area. Use and cite relevant data, when possible, to support your description. Challenges might include:
  - Poverty.
  - Uninsured or underinsured populations.
  - Chronic disease burdens.
- Social determinants of health.
- Access to disability services
  - Lack of administrative resources for grant writing.
- Funding.
- Discuss the needs of the rural community, including all of the following:
  - How the rural community participated in identifying the needs and focus area.
- How the network participants will collaborate to address the rural community needs identified.
  - Gaps in the existing health care system, such as gaps in personnel, service delivery, and shared resources.
  - Activities that the network will perform to fill those gaps.
- Describe the need for creating a network to address the identified area of focus. Discuss how a Network Planning award would support the development of a formal network and network planning activities to address unmet community needs.
- Describe the underserved communities within the identified project service area. Include any rural underserved populations who have suffered from poor health outcomes, health disparities, and other inequities.
- Describe how the network plans to address and reduce health disparities within the target service area.

## Approach

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

Outline how your project will meet program [requirements and expectations](#) by detailing the methods you will use to address the specified needs and meet the goals of the proposal. Your narrative should describe how the network's planning activities will increase access to quality health care services across the continuum of care for rural underserved populations in the service area, as well as how those populations will be involved in the development and ongoing operations of the network. Use and cite relevant data, when possible, to quantify and support your expected outcomes.

## Work plan

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

- Describe how you'll achieve each of the objectives during the period of performance.
- You will also include a more detailed work plan in your [attachments](#).

## Resolving challenges

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

- Discuss challenges that you are likely to encounter in designing and implementing activities described your work plan.
- Explain approaches that you'll use to resolve them.

## Performance reporting and program assessment

See merit review criteria 3: [Evaluation measures](#) and 5: [Resources and capabilities](#)

Describe your plan for assessing project performance and outcomes.

Describe how you will:

- Collect and report required annual performance data accurately and on time.
- Manage and securely store data.
- Monitor and analyze performance data to support continuous quality improvement.

Program assessment

Your plan for program assessment should explain how you will track, measure, and assess program goals, including how the network will measure progress toward meeting the project goals and objectives.

We recommend that you present your plan in a table format with the goals listed in the left-hand column. Across the top of the table, include questions that will address how each goal will be tracked, measured, and assessed. For example: How will you measure program goals? How will you monitor program progress? How will programmatic success be assessed?

While we recommend using a table, this format is not required.

See [reporting](#) for more information.

## Organizational information

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

- Describe the activities and contributions of the applicant organization to the proposed project.
- Provide a brief overview of the applicant organization that includes the following information:
  - Current mission.
  - Structure, leadership, size of organization, and staffing.
  - Scope of current activities.
  - Ability to manage the project and personnel.
  - Financial practices and systems in place to assure your organization can properly account for and manage federal funds.

## Network members

You will include a detailed table about all network members in [Attachment 6](#).

In this section of the project narrative, describe how the rural network organizations in the service area will be involved in the development and ongoing operations of the network. Your descriptions should reflect a shared decision-making structure and capacity. Outline the roles and responsibilities within the network for each network participant, explain why each of the proposed network participants were selected, describe any history of collaborative activities carried out by the proposed network participants, if applicable, the degree to which proposed network participants are ready to integrate their functions, and address their capacity to carry out program goals.

Your narrative in this section should also clearly outline:

- Your plan to establish the proposed project network (if newly formed).
- The proposed network structure.
  - How your network will address a need that cannot be addressed individually,
  - How the proposed network comprises at least 66% of network participants who are located in qualifying eligible [HRSA-designated rural areas](#)
  - How network participants have demonstrated experience serving, or capacity to serve, rural underserved populations. This should be consistent with and elaborate on the description of buy-in from the rural community or communities your proposed project plans to serve provided in your [project abstract](#).

## Key personnel

We recommend that your staffing plan include supporting and key personnel that total at least one full time-time equivalent (FTE) at the time of application.



- Describe key personnel roles and how they relate to the network and planning project. Key personnel are individuals who would receive funds from this award or people conducting activities central to this program. You will include more information in [Attachment 4](#).
  - Identify the project director that you name in the [project abstract](#) and [Attachment 4](#). The project director will be responsible for project monitoring and carrying out the award activities.
  - Identify a network director for your project. The network must have a permanent network 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. We strongly recommend that the network director role be 1.0 FTE.
  - We prefer that the network director role be filled by a different person than the project director role.
  - The applicant organization 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.
  - We strongly recommend that the project director allot adequate time (at least .25 FTE) to the program and have management experience involving multiple organizational arrangements.

## Budget and budget narrative

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

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the [Application Guide](#) and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). It includes an itemized breakdown and a clear justification of the requested costs. The merit review committee reviews both.

As you develop your budget, consider:

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

In addition, we require you to adhere to the following budgetary requirements:

- **Travel:** Please allocate travel funds for one program staff to attend a one-and-a-half-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 refer to the U.S. General Services Administration (GSA) per diem rates for FY 2025. [Per diem rates can be found on the GSA's website](#).
- **Equipment:** Equipment costs that exceed 5% of the total award amount may be considered unreasonable and unallowable.
- **Legal costs:** Legal costs that exceed 20% 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, and development of articles of incorporation and by-laws.
- **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 your 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 nonresponsive and will not be considered for funding under this notice.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

## Attachments

Place your attachments in order in the Attachments form. See the application checklist to determine if they count toward the page limit.

## Attachment 1: Documentation from State Office of Rural Health

Include a copy of the State Offices of Rural Health (SORH)'s response to your letter or a letter/email you sent to the SORH notifying them of your intent to apply for the grant funding.

All applicants are required to notify their [State Offices of Rural Health \(SORH\)](#) in the application process to advise them of their intent to apply. If applicants from the U.S. territories do not have the functional equivalent of a SORH, this requirement does not apply, and applicants from U.S. territories are still eligible to apply.

## Attachment 2: Areas of impact

You must specify a target rural service area that includes only counties and/or census tracts that are qualifying eligible [HRSA-designated rural areas](#).

Include a list of the impacted areas, counties, and cities, and a legible map that clearly shows the locations of network participants.

- The map should include the counties and census tracts of all network participants.
- If an organization is located in a rural census tract of an urban county, the rural census tract must be clearly identified on the map.

Maps should be legible and in black and white.

## Attachment 3: Work plan

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

This attachment is required in addition to the project narrative work plan section.

The work plan must:

- Outline the individual or organization responsible for carrying out each activity.
- Include a timeline for the period of performance. The minimum timeline increment is by quarter.

We recommend using a table format with these headings:

- Goals and objectives.
- Key action steps (including target population where applicable).
- Activities.
- Outputs, data sources, and program assessment methods. These might include the direct products or deliverables of program activities and how you will assess them.

- Outcomes and measurements. These might include the result of a program, typically describing a change in people or system.
- Person and service area responsible.
- Performance period and completion date.

## Attachment 4: Staffing plan and job descriptions for key personnel

See Section 4.1.vi of the [Application Guide](#).

Key personnel are individuals who would receive funds by this award or person(s) conducting activities central to this program. Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

Attach a one-page job description. It must include the role, responsibilities, and qualifications.

## Attachment 5: Biographical sketches of key personnel

Include biographical sketches for people who will hold the key positions including project director and network director you describe in [Attachment 4](#).

Biographical sketches should be no more than two pages. Do not include non-public, personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

## Attachment 6: Network organizational chart and network member information

Provide a one-page network organizational chart that includes how decisions will be made and how communication will flow. Describe the history of any collaborative activities carried out by the proposed network participants, describe the degree to which network participants are ready to integrate their functions, and their capacity to carry out program goals.

Provide a list of all network members that includes:

- The organization's name and type (such as a community health center, hospital, or health department).
- The organization's physical address. This will be the address used to determine qualifying eligible HRSA-designated rural status.

- The name of the key person from the organization who will be working on the program.
- The organization’s anticipated role and responsibility in the Network Planning program.
- EIN of each proposed network participant, unless the applicant [is a tribe](#) or requests a [multiple EIN exception](#).

Provide screenshots from the [rural health grants eligibility analyzer](#) for each organization to demonstrate that at least 66% of network participant organizations are physically located in a qualifying eligible [HRSA-designated rural area](#).

## Attachment 7: Letters of commitment

You must provide a scanned, signed copy of a letter of commitment from each network participants. Signed copies of the letters of commitment should be provided for all network participants listed in [Attachment 6](#). Letters of commitment must clearly identify each network participant’s:

- roles and responsibilities in the network and project,
- activities they will be included in, and
- how their expertise is pertinent to the Network Planning project.

Each letter must also include a statement indicating that the proposed partner understands that the award funds must be used for the development of a health care network and cannot be used for the exclusive benefit of any one network partner or to provide clinical services.

## Attachment 8: Funding preference documentation

Submit only if applicable.

Provide documentation based on the funding preference you qualify for. Refer to [funding preferences](#) to see whether you qualify and what information you need to include.

We recommend that you use this statement:

“[Your organization name] qualifies for the [Name which funding preference(s) you qualify for] funding preference because [insert rationale here], for example, Applicant Organization Y is located in a designated HPSA.”

If you do not qualify for a funding preference, please state that you do not qualify in the project abstract.

Applications that do not include documentation in this attachment for a qualifying funding preference will not be considered to receive the funding preference.

## Attachment 9: Previous grants

Submit only if applicable.

Provide a list of the applicant organization's previous HRSA grants within the last five years. Include the grant numbers and project abstracts for each.

## Attachment 10: EIN/UEI exception request

Submit only if applicable.

Generally, you cannot apply for multiple projects using the same UEI (previously DUNS) number and/or EIN. However, we recognize a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations may share the same UEI and/or EIN with one parent organization. As a result, we may allow separate applications associated with a single UEI or EIN, if you provide the following to us in this attachment:

- Names, street addresses, EINs, and/or UEI numbers of your organizations.
- Name, street address, EIN, and/or UEI number of the parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at each of your organizations and the parent organization.
- Proposed HRSA-25-037 service areas for each of your organizations.
- Assurance that the organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and the parent organization.
- Signatures from the points of contact at each of your organizations and the parent organization.

A single organization or parent organization cannot submit multiple applications even if the projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, it is still considered an application submitted by the parent organization and will not be allowed.

Applications associated with the same UEI number or EIN should be independently developed and written. We reserve the right to deny this request if you provide insufficient information or if we receive nearly identical application content from organizations using the same EIN or UEI.

## Attachment 11: Tribal EIN/UEI exception request

Submit only if applicable.

For tribal exceptions requests, include:

- Names, titles, email addresses, and phone numbers for points of contact at your organization and network participant organizations.
- Justification for multiple applications from the network participant organizations under the same EIN and/or UEI.
- For example, unique focus area or services provided, or a lack of other applicant organizations.

## Attachments 12-15: Other relevant documents

Optional. If you need to provide more details about your proposal, you can provide other documents in this attachment.

# Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application



# Step 4:

# Learn About Review and Award

## In this step

Application review	<a href="#">33</a>
Selection process	<a href="#">37</a>



# Application review

## Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

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

## Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	50 points
2. Response	20 points
3. Performance reporting and evaluation	5 points
4. Impact	10 points
5. Resources and capabilities	10 points
6. Support requested	5 points

## Criterion 1: Need

50 points

See Project Narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for:

- How well it describes the health care service environment where the network will be developed.
- How well it describes structural challenges and service gaps impacting health care delivery in the service area.
- How well it includes supportive information from relevant data sources (such as local, tribal, state, or federal data), if available, in its analysis of the health care service environment.
- How clearly it identifies a focus area and explains how the community was involved in identifying that focus area.

- How clearly it describes the proposed project objectives.
- How well it describes the expected benefits to the rural community that the project would support.
- How well it details proposed network activities that will address the identified gaps in areas such as personnel, service delivery, shared resources, etc.
- How well it justifies why federal funds are necessary to support a network in this service area.
- How clearly it explains how proposed planning activities will support the selected legislative aim(s).
- How well it describes the population and/or subpopulations in the service area, including any related unmet health needs that the proposed project will help address.
  - Successful descriptions use demographic data, if available and when appropriate, to describe the populations and document any related unmet health needs.

## Criterion 2: Response

20 points

See Project Narrative [Approach](#), [Work plan](#), and [Resolving challenges](#) sections.

The panel will review your application for how well it:

- Identifies the expertise and capacity of each proposed network participant, including how the skills of proposed participants align with the goals of the network.
  - Descriptions should include the roles and responsibilities of each network member and the designated person overseeing network activities for each member.
- How well it describes the network's projected impact on service area providers outside of the network, including efforts to address health disparities and strengthen relationships within the service area.
- How well it describes how the rural underserved populations in the service area will experience increased access to quality health care services across the continuum of care.
- How well it describes how the rural underserved populations will be involved in the development and ongoing operations of the network.
- How well it identifies anticipated challenges in designing and implementing the activities outlined in the work plan, including a description of approaches to resolve those challenges.

## Criterion 3: Performance reporting and assessment

5 points

See Project Narrative [performance reporting and assessment](#) section.

The panel will review your application for:

- How well the program objectives can be tracked, measured, and evaluated.
- The clarity and appropriateness of the data collected to inform network activities.

## Criterion 4: Impact

10 points

See Project Narrative [work plan](#) section.

The panel will review your application for:

- The clarity and appropriateness of the proposed goals and objectives
- How well it demonstrates that the project activities would result in achieving the goals and objectives.
- How well it describes the potential impact of network activities on providers, programs, organizations, and other network entities in the community. Whether it includes a clear work plan that is aligned with the network's goals and objectives.
- How well the work plan identifies responsible individuals and organizations and a timeline for each activity throughout the one-year period of performance.

## Criterion 5: Resources and capabilities

10 points

See Project Narrative [Organizational information](#) section.

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

- It demonstrates that the proposed project will have the necessary resources and capabilities to meet program and financial requirements.
- It demonstrates buy-in from the rural community or communities the proposed project plans to serve, evidence the proposed network has demonstrated experience serving, or capacity to serve, rural underserved populations.
- It details the strengths and qualifications of the project director responsible for program monitoring and ensuring completion of project activities.
- How clearly it details network organizational information in [Attachment 6](#), as evidenced by:
  - At least three different organizations comprising the network.

- Composition of network participants clearly reflects the rural service area/ population specified in this NOFO.
- Roles for each participant of the network.
- how decisions will be made and how communication will flow among network participants.

## Criterion 6: Support requested

5 points

See [Budget and budget narrative](#).

The panel will review your application to determine:

- How reasonable the proposed budget is in relation to the project's objectives, activities, and anticipated results.
- How clearly and logically the budget narrative documents how and why each line-item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and objectives of the proposed activities.

We do not consider voluntary cost sharing during merit review.

## Risk review

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

We:

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

We may ask you to submit additional information.

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

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

For more details, see [45 CFR 75.205](#).

## Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- The funding preferences listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

## Funding preferences

This program includes funding preferences, imposed by 42 U.S.C. 254c(h)(3). If we determine that your application qualifies for a funding preference, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

To qualify for a funding preference, applicants must provide documentation indicated in the [Project Abstract](#) and [Attachment 8](#). Documentation must clearly indicate which funding preference(s) for which the applicant qualifies.

If you do not qualify for a funding preference, it should be stated that you do not qualify in the project abstract.

Applications that do not include documentation for a qualifying funding preference in attachment 8 will not be considered to receive the funding preference.

Qualification 1: Health Professional Shortage Area (HPSA)

You qualify for this funding preference if you or your service area is in an officially

designated health professional shortage area (HPSA). You must include a screenshot or printout from the [HRSA Shortage Designation website](#), which indicates if a particular address is located in a HPSA. The screenshot or printout should be included in attachment 8.

#### Qualification 2: Medically Underserved Community/Populations (MUC/MUP)

You qualify for this funding preference if you or your service area is in a medically underserved community (MUC) or if you serve medically underserved populations (MUPs). You 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. The screenshot or printout should be included in attachment 8.

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

You qualify for this funding preference if your project focuses on primary care and wellness and prevention strategies. You must include a brief justification describing how your project focuses on primary care and wellness and prevention strategies. The justifying description should be included in attachment 8.

## Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [Application Guide](#) for more information.

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



# Step 5: Submit Your Application

## In this step

Application submission and deadlines	<a href="#">40</a>
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# Application submission and deadlines

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

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

## Deadlines

You must submit your application by February 19, 2025, at 11:59 p.m. ET.

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

## Submission method

### Grants.gov

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

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

### Have questions?

Go to [Contacts and Support](#).

## Other submissions

### Intergovernmental review

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



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

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

# Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
<input type="checkbox"/> <a href="#">Project abstract</a>	Use the Project Abstract Summary Form.	No
<input type="checkbox"/> <a href="#">Project narrative</a>	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form.	Yes
<b><a href="#">Attachments</a></b>	Insert each in the Attachments form in this order.	
<input type="checkbox"/> 1. Documentation from State Office of Rural Health		No
<input type="checkbox"/> 2. Areas of impact		Yes
<input type="checkbox"/> 3. Work plan		Yes
<input type="checkbox"/> 4. Staffing plan and job descriptions for key personnel		Yes
<input type="checkbox"/> 5. Biographical sketches of key personnel		No
<input type="checkbox"/> 6. Network organizational chart and network member information		No
<input type="checkbox"/> 7. Letters of commitment		No
<input type="checkbox"/> 8. Funding preference documentation		Yes
<input type="checkbox"/> 9. Previous grants		No
<input type="checkbox"/> 10. EIN/UEI exception request		No
<input type="checkbox"/> 11. Tribal EIN/UEI exception request		No
<input type="checkbox"/> 12. - 15 Other relevant document		Yes
<b><a href="#">Other required forms*</a></b>	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No

Component	How to Upload	Included in page limit?
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		No
<input type="checkbox"/> Project/Performance Site Location(s)		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No

\* Only what you attach in these forms counts toward the page limit. The forms themselves do not count.



# Step 6:

# Learn What Happens After Award

## In this step

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# Post-award requirements and administration

## Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
  - [2 CFR 200.1](#), Definitions, Equipment.
  - [2 CFR 200.1](#), Definitions, Supplies.
  - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
  - [2 CFR 200.314\(a\)](#), Supplies.
  - [2 CFR 200.320](#), Methods of procurement to be followed.
  - [2 CFR 200.333](#), Fixed amount subawards.
  - [2 CFR 200.344](#), Closeout.
  - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
  - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).

## Non-discrimination legal requirements

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

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

## Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

## Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics\\_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
  - Any unplanned interruption or reduction of quality, or
  - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

## Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NoA will provide specific details.

You must also follow these program-specific reporting requirements:

- Annual performance reports through [Electronic Handbooks](#).
- Program performance measures:
  - You will submit an annual performance measures report for each budget period in a centralized program outcomes reporting system.
  - We will aggregate the data collected from the centralized program outcomes reporting system to demonstrate overall impact of the program.
  - Upon award, we will notify you of specific performance measures required.
- Strategic plan
  - A strategic plan is required during the period of performance. The strategic plan should be used as a tool to help the network establish its goals and objectives, identify priority areas, and plan solutions. It may also include an external environmental scan.
- 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.
- 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.





# Contacts and Support

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# Agency contacts

## Program and eligibility

Claire Darnell

Public Health Analyst, Community-Based Division

Attn: Rural Health Network Development Planning Program

Federal Office of Rural Health Policy

Health Resources and Services Administration

Email your questions to: [cdarnell@hrsa.gov](mailto:cdarnell@hrsa.gov)

Call: 301-945-5176

## Financial and budget

Eric Brown

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

Email your questions to: [ebrown@hrsa.gov](mailto:ebrown@hrsa.gov)

Call: 301-945-9844

## HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

## Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

# SAM.gov

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

## Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)

HRSA is not affiliated with all of the following, and inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, but we especially encourage you to review these resources:

- [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.
- HHS Resources for Health Literacy
  - [AHRQ Universal Precautions Toolkit](#)
- [Health.Gov Health Literate Care Model](#)
- [HRSA Data Warehouse](#). View the abstracts of previous network award recipients. To find relevant abstracts, filter for Program Areas: Rural Health and select Program Name: Rural Health Network Development Planning Program (P10).
- [Maternal and Child Health Data System](#). Offers data, sorted by state, on services to women and children.
- [National Association of County and City Health Officials \(NACCHO\)](#). Provides a framework that demonstrates how building networks 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.
- [National Center for Health Statistics](#). Provides health statistics for various populations.
- [Rural Health Information Hub \(RHI Hub\)](#). Offers evidence-based toolkits for rural community health, including systematic guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
- [Rural Health Research Gateway](#). Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, from 1997 through the present.

- [State Offices of Rural Health \(SORHs\)](#). All 50 states have a SORH. These offices vary in size, scope, organization, and in the services and resources they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems. This website includes a list of and contact information for each SORH.
- [University of Minnesota \(UMN\) Rural Health Research Center](#). The HRSA-funded Rural Health Research Center at the University of Minnesota has published a number of policy briefs on the Rural Health Network Development Planning Program. Topics include barriers and facilitators of success, and trends in network focus areas.

# Appendix A: Rural Eligibility

## Determining Rural Eligibility

For the purposes of this NOFO, there are **two ways to determine** if a county or census tract is a qualifying [HRSA-designated rural area](#):

1. [Rural Health Grants Eligibility Analyzer](#)

- The Rural Health Grants Eligibility Analyzer identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 2025.

2. [List of formerly HRSA-designated rural counties](#)

- There are 17 counties that were considered fully within HRSA-designated rural areas in FY 2024 that are no longer fully rural due to updates from the Office of Management and Budget (OMB).
- While either some or all areas in these 17 counties will **not** appear as rural in the Rural Health Grants Eligibility Analyzer, reference to [these counties](#) in your application will qualify as a HRSA-designated rural areas for the purposes of this NOFO.

## Eligible Counties that were fully rural in FY 2024 and have changed status in FY 2025

Eligible Counties that were fully rural in FY 2024 and have changed status in FY 2025

For Fiscal Year (FY) 2025 grants, there are 17 counties that were considered fully within the Federal Office of Rural Health Policy (FORHP)-designated rural areas in FY2024 that are no longer fully rural due to updates from the Office of Management and Budget (OMB). While either some or all areas in these 17 counties will not appear as rural in the Rural Health Grants Eligibility Analyzer, reference to these counties in your application will qualify as HRSA-designated rural areas for the purposes of this Notice of Funding Opportunity (NOFO).

In Attachment 2: Areas of impact, please include a screenshot or printout of the Eligibility Analyzer result or reference the list of 17 eligible counties, as applicable.

A list of counties that were fully rural in FY 2024 and have changed status in FY 2025.

**Note:** These counties may still include rural census tracts, but they are no longer fully rural due to the OMB updates.

FIPS Code	State	County
09005	CT	Litchfield*
12089	FL	Nassau
18159	IN	Tipton
20103	KS	Leavenworth
22093	LA	St. James
26055	MI	Grand Traverse
26089	MI	Leelanau
32019	NV	Lyon
37125	NC	Moore
39043	OH	Erie
39127	OH	Perry
47057	TN	Grainger
47119	TN	Maury
48291	TX	Liberty
48325	TX	Medina
48497	TX	Wise
55123	WI	Vernon

\*Note: In 2022, Connecticut adopted nine planning regions as county-equivalents, effectively renaming and redrawing county lines. In the prior rural definitions update, Litchfield was fully FOHRP rural. With the redrawing, some Litchfield census tracts moved to neighboring planning regions, which are not fully FORHP rural. For FY 2025, any census tract that was in Litchfield County, CT will still be considered FORHP rural.