

Notice of Funding Opportunity  
Application due January 27, 2025

# HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy







Community-Based Division

# Rural Health Care Services Outreach Program

Opportunity number: HRSA-25-038



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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 January 27, 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

Expand and enhance the delivery of health care services to promote outreach in rural communities.

## Summary

Support organizations to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas.

## Funding details

Application type: New

Expected total available funding in FY 2025: \$13,000,000

Expected number and type of awards: Up to 50 total grants

- Up to 40 Regular Track awards
- Up to 10 Special Track awards

Funding range per award:

- Up to \$250,000 for [Regular Track](#) each budget period, or
- Up to \$300,000 for [Special Track](#) each budget period

We plan to fund awards in 12-month budget periods for a total four-year period of performance from May 1, 2025, to April 30, 2029.

The program and awards depend on the 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 Care Services Outreach Program

**Opportunity number:** HRSA-25-038

**Announcement version:** New

**Federal assistance listing:** 93.912

**Statutory authority:** 42 U.S.C. 254c(e) (Section 330A(e) of the Public Health Service Act)

## Key dates

**NOFO issue date:** December 5, 2024

**Informational webinar:** December 11, 2024

**Application deadline:** January 27, 2025

**Expected award date is by:** April 1, 2025

**Expected start date:** May 1, 2025

# Eligibility

## Who can apply

All domestic\* public or private, non-profit, and for-profit entities are eligible to apply.

## Types of eligible organizations

This includes entities such as non-profits with a 501(c)(3) and non-profits with an IRS status other than a 501(c)(3). Other eligible entities may include but are not limited to:

- Public and private institutions of higher education
- State and county health departments
- Hospitals, including rural emergency hospitals
- Native American tribal government and organizations
- Community-based organization
- Federally qualified health centers
- Rural health clinics

Tribal exception: HRSA is aware that tribes and tribal organizations may not meet the Employer Identification Number (EIN) or Unique Entity Identifier (UEI) requirement of this NOFO. As a result, tribes and tribal organizations that only have one EIN or UEI or are unable to demonstrate that the network is composed of at least three unique entities, may request a tribal exception. Applicants must request a tribal EIN exception in [Attachment 14: Tribal EIN exception request](#).

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

Individuals are not eligible applicants under this NOFO.

## Other eligibility criteria

In addition, per statute, you must meet the requirements in this list. Failure to respond to these requirements will impact your application’s score.

- Have demonstrated experience serving, or capacity to serve, rural underserved populations.
- Include only rural counties and census tracts in [HRSA-designated rural areas](#) as target service areas served by grant funds from this program, if awarded. Refer to and provide required documentation in [Attachment 3: Map of service area](#).

- Represents a consortium that meets all [Program Requirements and Expectations](#)
- Have not previously received an award under this program for the same or similar project unless the proposing to expand the scope of the project or area that will be served through the project.
- Consult your [State Office of Rural Health \(SORH\)](#) regarding your intent to apply to this program. If you are from the U.S. territories and do not have the functional equivalent of a SORH, you are still eligible to apply without completion of this requirement. Refer to [Attachment 1: Required documentation from State Office of Rural Health](#) for required documentation from SORH required documentation from SORH.

## Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to 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 multiple applications under the same Unique Entity Identifier (UEI) (previously DUNS) number and/or EIN.

You may only submit multiple applications 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 request, please see [Attachment 13: EIN/UEI exception request](#) and [Attachment 14: Tribal EIN/UEI 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

This community-based grant program aims to support organizations to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas.

To achieve this purpose, the program also aims to strengthen local resources and capacity in rural communities. Through collaborative consortiums that include three or more [health care providers](#), each community can develop innovative approaches to solve their own unique challenges and factors underlying rural health disparities.

## Goals

- Expand the delivery of health care services to include new and enhanced services exclusively in rural communities.
- Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services.
- Use community engagement and [evidence-based or innovative, evidence-informed model\(s\)](#) in the delivery of health care services.
- Improve population health and demonstrate health outcomes and sustainability.

## Background

The Rural Health Care Services Outreach Program (Outreach Program) enables award recipients to use federal funding to design and implement projects that are specifically tailored to meet rural populations' unique health needs. Funding can be used for a broad range of health care services that are based on each rural community's needs. The Outreach Program offers an opportunity for award recipients to work collaboratively with rural communities to adapt to the emerging trends in rural health care and meet the unique needs of the people they serve. Building on previous efforts, the Outreach Program is continuing the existing Special Track in the FY 2025-2029 funding cycle and adding maternal health as a new focus area. As trends in maternal health have worsened over time and risk from maternal death rates is unevenly distributed across low-income persons and rural residents, maternal health has been an important focus across the country, including in rural areas.<sup>[1]</sup> Rural residents have a 9 percent greater chance of experiencing severe maternal disease and death rates compared with urban residents.<sup>[2]</sup> Applicants are encouraged to focus on reducing risk factors for pregnant persons during and after pregnancy through screening and referral

to needed services and interventions to appropriate consortium members to provide those services.

Previously funded Outreach programs provided good examples of how award recipients have used this funding to address health challenges and how the flexible nature of the program can target a community's unique health needs, including those that directly address rural health disparities. To view the project descriptions for the FY 2021 Outreach cohort, please visit: <https://www.ruralhealthinfo.org/assets/4663-20745/2021-2025-outreach-program-directory.pdf>.

To view the abstracts of previous Outreach awards, visit the HRSA Data Warehouse: <https://data.hrsa.gov/tools/find-grants>.

## Program requirements and expectations

You must meet all the requirements stated in the [Eligibility](#) and [Other Eligibility criteria](#) sections. You are also expected to meet the requirements and expectations outlined in this section. Failure to respond to these requirements will impact your application's score.

### Consortium requirements

- Specify at least three [health care provider](#) organizations that are separately owned entities (including the applicant organization) that will serve as members of your consortium. Include this information in [Attachment 8: Consortium member list](#).
- Demonstrate that at least sixty-six percent (66%) or two-thirds of the consortium members are located within a [HRSA-designated rural area](#). Include this information in [Attachment 8: Consortium member list](#).

### Rural service area requirements

- Specify a target rural service area the proposed project will serve. Only counties and/or census tracts that are a [HRSA-designated rural area](#) are eligible to as target rural service areas under this grant program. Include this information in [Attachment 3: Map of service area](#).
- Demonstrate your experience serving, or the capacity to serve rural underserved populations by including your organization's experience in serving, or the capacity to serve, rural underserved populations, such as any existing or prior collaboration and working within the target service area(s) in the [Project narrative](#) under [organization information](#) section and in the [Project abstract](#).

## Funding track selection requirements

You are required to select **one** of these two funding tracks to apply for Outreach Program funding:

1. Regular Track
2. Special Track

Your funding track selection must be provided in the [Project abstract](#) and [Attachment 10: Special track participation statement](#).

Objective reviews of applications will be completed for all eligible applicants based on the funding track identified.

## Funding track project requirements

Successful applicants are expected to fulfill the requirements of the funding track identified in the application.

A full list of requirements for each funding track is provided in this section.

Requirements for each funding track are applicable to the Outreach Program's four-year period of performance May 1, 2025, to April 30, 2029. For more information on the track's comparison, refer to [Appendix C: Regular Track and Special Track Comparison Table](#).

### Regular Track

Applicants to the Outreach Program Regular Track can request up to **\$250,000** a year, for the four-year period of performance.

The purpose of the Regular Track is to fund projects that expand access to health care in rural communities, improve the delivery of health care services, and strengthen resources and capacity in rural communities through collaborative consortiums. These projects are community driven and focus on outreach and education activities targeting unique health needs in rural communities. Goals include demonstrating improvement in health outcomes and creating long-term sustainability through funded projects. To accomplish these goals, successful Regular Track applicants are expected to use of Outreach program funds to implement activities that:

- Develop and implement an [evidence-based, innovative or evidence-informed](#) intervention that promotes health services by enhancing health delivery to rural underserved populations based on the identified needs of the community or region projects propose to address.
- Focuses on outreach and delivery of health care services, including social and other health-related service needs, to address and improve outcomes of targeted

health care needs for the rural service areas the project serves during the four-year funding period.

- Actively collaborates and involves rural community and consortium members in project implementation throughout the duration of the four-year period of performance.
- In collaboration with rural community and consortium members, implements project activities and informs plans for sustainability and possible replication or expansion of projects in other rural settings, after federal funding ends.

## Special Track

Applicants to the Outreach Program Special Track can request up to **\$300,000** a year for the four-year period of performance.

The purpose of the Special Track is to fund projects that address the underlying factors that drive rural health disparities related to stroke, heart disease, chronic lower respiratory disease, unintentional injury, cancer, and maternal health. The goals of Special Track projects are to demonstrate a collective impact to better manage conditions, address risk factors, and focus on prevention.

Successful Special Track applicants are also expected to implement projects able to fulfill these requirements:

- Clearly indicates selection of one or more of the Special Track focus areas:
  - Stroke
  - Heart disease
  - Chronic lower respiratory disease
  - Unintentional injury
  - Cancer
  - Maternal health
- Focuses project design on [evidence-based, innovative, or evidence-informed](#) intervention effectively to address the identified focus area(s) for the clearly defined rural population(s) who receive grant project intervention services.
- Implements activities and possesses project capacity to demonstrate improvements in key health indicators and/or outcomes for the rural target population that can be attributed to the project intervention during the four-year period of performance.
- Clearly defines the individuals from the rural target population who are the intended [beneficiaries](#) of funded project intervention activities that will be assessed for improvement in key health indicators and/or outcomes measured.

- Collects and tracks ongoing relevant data over the course of the four-year period of performance to effectively assess the impact of grant project activities on the identified rural target population(s) for the selected Special Track focus area(s).
- Produces sustainable initiatives to inform replication or expansion of similar prevention and health promotion models in other rural settings addressing risk factors and prevention for the selected Special Track focus area(s). As such, we highly encourage you to:
  - Incorporate new Medicare billing codes for community and behavioral services.
  - Consider participation in incentive programs and to leverage reimbursement strategies as a means for project sustainability. Incentives refer to improving the way providers are paid and offering incentive payments for providing high quality health care. This includes participation in value-based payment systems, such as accountable care organizations (ACO), patient centered medical homes (PCMH), bundled payments, and other shared savings models. Such incentives offer opportunities that can contribute to project sustainability.
  - Reimbursement strategies leverage payment reimbursements for certain services to qualified patient populations. Many of the Centers for Medicare & Medicaid (CMS) programs, such as the Chronic Care Management and Diabetes Prevention Program, incentivize provision of preventive services and chronic disease management for Medicare patients, offering reimbursements when services are provided.
  - Consider a network service model where members use a dues structure to continue successful services after the completion of the grant.
  - Improve outcomes and achieve savings by reducing inappropriate emergency department billing or avoidable hospital re-admissions and using those savings to form a revenue stream to sustain the project.
- Actively collaborates and involves rural community and consortium members in project implementation throughout the duration of the four-year period of performance.
  - In an effort to promote expanded or scaled impact of your project, we highly encourage you to work with a regional or state-based entity as one of the consortium members, such as a state Medicaid office, regional managed care association or regional health care foundation.
- Uses the first year of the grant period of performance strategically to include a [community assessment](#) that informs the intervention and selected Special Track focus area(s) and rural target population(s).

- Has the capacity to track the recipients of project intervention services over the duration of program to determine improvement over time and report on performance measures (which includes cost-savings analysis, risk reduction, etc.), project specific measures and program deliverables.
  - For Special Track projects focusing on maternal health, tracking recipients of project intervention services over time to determine improvement of perinatal outcomes for at least one year within the period of performance, following receipt of services.

## Program data collection

- If you receive an award, you will report measures to a centralized program outcomes reporting system.
- A final set of measures will be provided by FORHP post-award. To help prepare for data collection, consider the draft measures included in [Appendix A: Rural Health Care Services Outreach Program Measures Sample](#).
- Special Track applicants are expected to collect, track, and report on data for the project's clearly defined intervention recipients over time to respond to measures related to the project's selected focus area(s), including potential cost-savings resulting from prevention and risk reduction activities, for the four-year period of performance.
  - For Special Track projects focusing on maternal health, should collect, track, and report on data for the project's clearly defined intervention recipients over time to determine improvement of perinatal outcomes for at least one year during the period of performance, following receipt of services.
- All recipients (Regular and Special Tracks) will work closely with technical assistance (TA) providers throughout the four-year period of performance. The targeted TA will assist award recipients with achieving desired project outcomes, sustainability, and strategic planning, and will ensure alignment of the awarded project with the Outreach Program goals. The TA is provided to award recipients at no additional cost. This HRSA investment helps ensure the projects' success. We have found that most award recipients benefit greatly from the support provided through these collaborations. If funded, award recipients will learn more about the targeted technical assistance and evaluation support.

# 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
  - Your satisfactory progress in meeting the project's objectives
  - A decision that continued funding is in the government's best interest
- Travel funds for two staff members to attend a two-day grant program meeting must be included as a budget line-item A. To determine estimated travel costs to Washington, D.C., see the U.S. General Services Administration (GSA) per diem rates for FY 2025.
- 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

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.

Indirect costs are determined using one of two methods:

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

**Method 2 – *De minimis* rate.** Per [2 CFR 200.414\(f\)](#), 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 will 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-25-038.

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 Wednesday, December 11, 2024, at 2pm Eastern. You can join at [HRSA's Zoom](#).

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

- Phone number: 833-568-8864
- Participant code: 06113963.

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

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



# Step 3:

# Prepare Your Application

## In this step

Application contents and format

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# Application contents and format

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

Application page limit: 50 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](#).

Include:

- Only **one** of these funding tracks:
  - Regular Track **or** Special Track.

Refer to the [Funding Track Selection](#) under program requirements and expectations and [Attachment 10: Special track participation statement](#).

- Your focus area(s).

- If the *Special Track is selected*, you must select one or more of these focus areas (stroke, heart disease, cancer, chronic lower respiratory disease, unintentional injury, cancer, or maternal health) and design your proposed project on addressing the underlying factors related to the focus area(s).
- Proposed [rural service area](#), which includes counties and states.

In Project Abstract field:

- Briefly describe the target population you will serve.
- Include any rural underserved populations who have historically suffered from poor health outcomes, health disparities, and other inequities.
- Identify and describe proposed project goals and objectives, as it relates to community needs.
- Provide the name of [evidence-based or evidence-informed model\(s\)](#) your proposed project will use.
- Briefly describe the expected outcome(s) of the proposed project.
- Briefly describe your capacity to serve rural underserved populations such as a history or ability to form consortiums, organizational expertise and capacity, or experience in similar work.
- Indicate if you qualify for a [funding preference](#).
- If you do qualify for a funding preference, please include concise statement making it clear to HRSA which funding preference you qualify for and provide the required documentation requested in [Attachment 11: Funding preference documentation](#).
- If you do not qualify for or choose not to request a funding preference, please state that in your project abstract here. See [Selection process](#) under funding preferences and [Attachment 11: Funding preference documentation](#) for information.

## Project narrative

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

All applicants (both Regular and Special Tracks) are expected to and must complete responses stated under the project narrative. Failure to respond to these instructions will impact your application's score. Both Tracks must use the section headers and the order listed. If you are applying to the Special Track, you must also:

- Follow the instructions titled **Special Track only** and;

- Complete responses to all the information requested in the project narrative AND responses to the **Special Track only** instructions, for your project's Special Track focus area(s)

## Introduction

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

- Describe the purpose of your project. Include a summary of your proposed project.
  - Outline your project goals and expected outcomes.
- [Evidence-based or innovative, evidence-informed model\(s\)](#) that will be used.
  - If applicable, briefly describe any modification(s) made to the model your project proposes to use.
- **Special Track only** (in addition all other information requested in this section):
  - Clearly specify the Special Track focus area(s) your project will focus on (stroke, heart disease, cancer, chronic lower respiratory disease, unintentional injury, cancer, and maternal health)

## Need

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

This section will help reviewers understand who you will serve. Complete responses include citations referencing any relevant federal, state, local data, if possible. If availability of data is limited to cite, indicate this and use alternative means to document how needs were assessed.

- Describe the target population you will serve. Consider health-related challenges and contributing factors to those challenges such as, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider people with disabilities; non-English speaking populations; people with limited health literacy; or any other populations that may otherwise be overlooked when identifying target populations.
  - Based on your target population, describe any relevant subpopulations who have historically suffered from poorer health outcomes, health disparities, and other inequities among the target population are included in the population you propose to serve. If there are no relevant subpopulations to describe, please state this, as applicable. Describe how rural consortium members and the rural communities in service area(s) will be involved in your project planning, development, and implementation.
- Describe the type of community involvement, such as, rural community members, patients, representatives of local, regional, tribal and/or state government(s) and

non-government organizations, involved in the planning process of your project, and how they will be involved in the implementation of your project, if funded.

- Discuss relevant barriers to utilization and access to services among the target population your project will address.
- Describe the existing health care, health-related, and social services available in your service area(s).
- Describe the gaps in the existing health care services and activities that the consortium will perform to fill those gaps (i.e., personnel, service delivery needs, shared resources, etc.)
- Describe how your proposed project could be integrated with existing available health care, health-related, and social services and addressing the gaps in the service area(s).
- **Special Track only** (in addition all other information requested in this section):
  - Include a description of any policy and/or workforce barriers associated with your projects' Special Track focus area(s).
  - Include information about the intended [beneficiaries](#) of funded activities from the project's rural target population who will be involved throughout project implementation.
    - This should include details that clearly define the needs of the project intervention recipients and how those needs will be tracked to determine improvement over time resulting from funded project implementation.
    - For Special Track applicant projects focusing on maternal health, the needs of the [beneficiaries](#) intended to receive project services should be clearly defined and how those needs will be tracked to determine improvement of perinatal outcomes for at least one year during the period of performance, following receipt of services.

## Approach

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

This section will help reviewers understand how you will address your stated needs and meet the [program requirements and expectations](#) described in this NOFO.

- Define the proposed goals and objectives of your project. These should be specific, measurable, realistic, and achievable in a specific timeframe.
- Explain how your project will meet the needs of the target population(s), including any applicable subpopulation(s).
- Describe how your project will address barriers and health disparities related to access and utilization of health care, as well as health-related and social services



in the service area(s). Include a map of the service area(s) in [Attachment 3: Map of service area](#).

- Identify and clearly describe the [evidence-based or innovative, evidence-informed model\(s\)](#) your project will use and the reasons why the model(s) is appropriate and relevant to rural community and target population your project will serve. Complete responses also include response to all information requested in [Attachment 7: Evidence-based or evidence-informed model\(s\)](#).
- Describe any modification(s), made to the model(s) your project will use, if applicable. Include how any modifications made will better support use of the model(s) for the project and rural community the project will serve.
- Discuss your preliminary plan for sustaining the proposed activities after federal funding ends. The plan should include:
  - Sustainable impact of the program.
  - Proposed strategies to achieve the desired sustainable impact.
  - Potential sources of support for achieving sustainability after the four-year period of performance has ended.
- **Special Track only** (in addition all other information requested in this section):
  - Include any sustainable impact related to policy changes and/or workforce development, if applicable.
  - Incorporate new Medicare billing codes for community and behavioral services, if applicable.
  - Consider participation in incentive programs and to leverage reimbursement strategies as a means for project sustainability. Incentives refer to improving the way providers are paid and offering incentive payments for providing high quality health care. This includes participation in value-based payment systems, such as accountable care organizations (ACO), patient centered medical homes (PCMH), bundled payments, and other shared savings models. Such incentives offer opportunities that can contribute to project sustainability.
  - Reimbursement strategies leverage payment reimbursements for certain services to qualified patient populations. Many of the Centers for Medicare & Medicaid (CMS) programs, such as the Chronic Care Management and Diabetes Prevention Program, incentivize provision of preventive services and chronic disease management for Medicare patients, offering reimbursements when services are provided.
  - Consider a network service model where members use a dues structure to continue successful services after the completion of the grant, if applicable.

- Improve outcomes and achieve savings by reducing inappropriate emergency department billing or avoidable hospital re-admissions and using those savings to form a revenue stream to sustain the project, if applicable.

## Work plan

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

This section will help reviewers understand how you will achieve each of the objectives during the period of performance.

You must also include a work plan in a table format in [Attachment 4: Work plan](#) that aligns to with the work plan described in this section.

- Describe your work plan. The description should include:
  - A brief description of purpose, goals, objectives, and activities.
  - An appropriate timeline for proposed activities during the project's funding cycle.
  - Who will be responsible for overseeing implementation for each activity.
  - Detail of the support and collaboration with consortium members and key stakeholders to plan, design, and implement all activities.
  - Performance, outcome measures, and/or benchmarks to help monitor progress for each activity.
  - Expected results, outcomes and/or impact on the target population, including any applicable subpopulations from the project based on the [evidence-based or innovative, evidence-informed model\(s\)](#).
    - For example, expected outcomes could include changes in disease and death rates, maintenance of desired behavior, policy implications, and reeducation in social and economic burdens associated with uninsurance status, and mitigation in access to care barriers.
- Include a plan to distribute reports, products, and/or project outcomes to your target audiences, such as target populations, consortium members, and key stakeholders.
- **Special Track only** (in addition all other information requested in this section):
  - Include how your project may be repeated in or expanded to other rural setting to address risk factors and prevention related to the selected Special Track focus area(s).

## Resolving challenges

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

This section will help reviewers understand how you will address anticipated challenges barriers.

- Discuss anticipated challenges and barriers you will likely encounter in your project. Potential challenges may include, but not limited to, keeping the rural consortium members and communities actively engaged, addressing staff turnover, and/or changes in policy, systems, or environment.
- Explain approaches that will be used to resolve challenges and barriers, such as keeping the rural consortium members and communities actively engaged, addressing staff turnover, and/or changes in policy, systems, or environment.

## Program self-assessment

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

This section will help reviewers understand your plan for assessing project performance and outcomes.

- Describe how you will ensure consortium members will effectively collect, share, and report required HRSA performance measures, listed in the [Appendix A: Rural Health Care Services Outreach Program Measures Sample](#).
- Describe how you will use data, including but not limited to required HRSA performance measures, for the continuous improvement of services through the project implementation.
- Discuss your plan for ensuring that you and your consortium members receive input from the service area(s) and target population in the project data design and implementation.
- Discuss anticipated challenges working with the consortium on collecting, sharing, and reporting HRSA performance measures (for example, data sharing, consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.
- **Special Track only** (in addition all other information requested in this section):
  - Describe how you will track recipients of project intervention services over the duration of the four-year period of performance to effectively determine improvement over time and report ongoing relevant data on the impact of grant project activities on the identified rural target population(s) for the selected Special Track focus area(s).
    - For Special Track projects focusing on maternal health, describe how you will track recipients of project intervention services over time to

determine improvement of perinatal outcomes for at least one year during the period of performance, following receipt of services.

- Describe how you could potentially monitor any anticipated cost-savings resulting from prevention and risk reduction activities from the selected Special Track focus area(s) throughout the project implementation.

## Organizational information

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

This section will help the reviewers understand how you and your consortium have resources and capabilities carry out the program requirements.

- Complete responses to this section also include:
  - Your organizational chart in [Attachment 9: Applicant organizational chart](#).
  - A list of and description of all key staff members conducting activities within this program, including the project director, as requested in [Attachment 5: Staffing plan and job descriptions](#).
  - Biographical sketches of all key staff members, as requested in [Attachment 6: Biographical sketches](#).
  - Your consortium members list, as requested in [Attachment 8: Consortium member list](#).
  - A Memorandum of Understanding/Agreement (MOU/A) or a letter of agreement signed and dated by all consortium members as [Attachment 2: Agreements with other entities](#).
- Describe your organization's experience in serving, or the capacity to serve rural underserved populations. Demonstrating this capacity may include a history or ability to:
  - Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations.
  - Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills, and qualifications to carry on the project.
  - Describe current experience, including consortiums, activities, program implementation and previous work of a similar nature.
  - Discuss the effectiveness of methods and/or activities employed to improve health care services in rural communities.

- Describe the geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served.
- Describe how your organization will assess the unique needs of the people who live in the rural community they serve.
- Describe how your organization will ensure a high degree of rural consortium involvement in project planning and implementation through a shared decision-making structure and capacity that includes rural consortium members and rural community members.
- Briefly describe your organization’s mission, structure, and the scope of your current activities.
- Provide information that demonstrates you have the staffing and infrastructure necessary to oversee program activities by including:
  - Your organizational profile, budget, collaborators, key staff’s experience, skills, and knowledge, and key processes.
  - How will you follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
  - Identify the project director who will be responsible for project/program monitoring and carrying out the award activities. HRSA highly recommends the project director allot at least **1.0 FTE** to the program and has management experience involving multiple organizational arrangements.
- Provide information on each consortium member and their experience serving, or capacity to serve, rural areas by including:
  - Strategies employed for creating the consortium. If applicable, a history of working together.
  - Each consortium member’s responsibilities and contributions to the project.
  - Rural consortium members are actively involved collaborators who are included in decision making in order to contribute to the project, including evidence of support from stakeholders and members for the implementation of the proposed project, such as letters of agreement or Memorandum of Understanding/Agreement (MOU/A).
  - Roles and responsibilities for each consortium organization,
  - How federal grant funds to rural consortium members will be distributed.
  - Each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project.
  - A consortium comprised of at least sixty-six percent (66%), or two-thirds of the consortium composition is located in a [HRSA-designated rural area](#).

- Discuss why each of your consortium members is an appropriate collaborator and, what expertise they bring to the project. Include their involvement, roles and responsibilities, contributions to your project, and commitment to sustain project services and activities.
- **Special Track only** (in addition all other information requested in this section):
  - If applicable, include regional or state-based collaborators as consortium members and/or discuss possible regional or state-based collaborators your project plans to pursue adding as a consortium member.
  - Discuss the capability and commitment of the current consortium members to develop and sustain provision of Outreach Program services and activities addressing risk factors and prevention for the selected Special Track focus area(s). If applicable,
    - Include any sustainable impact related to policy changes and/or workforce development.
    - Incorporate new Medicare billing codes for community and behavioral services.
    - Consider participation in incentive programs and to leverage reimbursement strategies as a means for project sustainability. Incentives refer to improving the way providers are paid and offering incentive payments for providing high quality health care. This includes participation in value-based payment systems, such as accountable care organizations (ACO), patient centered medical homes (PCMH), bundled payments, and other shared savings models. Such incentives offer opportunities that can contribute to project sustainability.
    - Reimbursement strategies leverage payment reimbursements for certain services to qualified patient populations. Many of the Centers for Medicare & Medicaid (CMS) programs, such as the Chronic Care Management and Diabetes Prevention Program, incentivize provision of preventive services and chronic disease management for Medicare patients, offering reimbursements when services are provided.
    - Consider a network service model where members use a dues structure to continue successful services after the completion of the grant.
    - Improve outcomes and achieve savings by reducing inappropriate emergency department billing or avoidable hospital re-admissions and using those savings to form a revenue stream to sustain the project.

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

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

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

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [Funding policies and limitations](#).
- Travel: Allocate travel funds for up to two (2) program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item.
- Contractual: You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. 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.
- Budget for Multi-Year Award: You include a budget narrative for each year of the four-year period of performance submitted with your application.
  - Funding beyond the one-year budget period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.
  - [Regular Track](#) applicants can apply for up to \$250,000 for each year of the four-year period of performance.

- [Special Track](#) applicants can apply for up to \$300,000 for each year of the four-year period of performance.
- Please reference [Appendix C: Regular Track and Special Track Comparison Table](#) for a side-by-side comparison of the Regular Track and the Special Track.

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

## Attachments

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

### Attachment 1: Required 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: Agreements with other entities

Provide documents that describe working relationships between your organization and your consortium members. Clearly specify each organization's role in the consortium, each member's responsibilities, and any resources to be contributed by the member to the consortium. Make sure you sign and date the documents.

### Attachment 3: Map of service area

Include a legible map that clearly shows the location of consortium members, the geographic area that will be served by the consortium, and any other information that will help reviewers visualize and understand the scope of the proposed project activities.

You must specify a target rural service area the proposed project will serve. Only counties and/or census tracts that are a [HRSA-designated rural area](#) are eligible to as target rural service areas under this grant program.



## Attachment 4: Work plan

Attach the project's work plan. Make sure it includes each year of the grant program's four-year period of performance and includes everything required in the [Project narrative](#) section under [Work Plan](#) section. This attachment is required in addition to the description provided in the project narrative work plan section.

The work plan must:

- Outline the person responsible for carrying out each activity.
- Include a timeline for all four years of the period of performance. The minimum timeline increment is by quarter.

We recommend a table format and the sample headings outlined here:

- Goals and objectives
- Key action steps (including target population where applicable)
- Activities
- Outputs, data source, and program self-assessment methods (these might include the direct products or deliverables of program activities and how you will assess them)
- Outcome and measurement (these might include the result of a program, typically describing a change in people or systems)
- Person and service area responsible
- Performance period and completion date

## Attachment 5: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide](#).

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

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

Explain the staffing needs and directly link them to activities proposed in the Project Narrative and Budget sections of the application. Staffing plan should include in-kind personnel to the program. HRSA recommends supporting a project director with **at least 1.0 FTE** at the time of application.

## Attachment 6: Biographical sketches

Include biographical sketches for people who will hold the key positions you described in Attachment 5.

For key personnel, include no more than two-page biographical sketches. If you include someone you have not hired yet, provide a letter of commitment from that person with the biographical sketch.

## Attachment 7: Evidence-based or evidence-informed model(s)

[evidence-based or evidence-informed model\(s\)](#)

## Attachment 8: Consortium member list

Provide a consortium member list and organizational chart for the consortium. We recommend a table format to present this information on each consortium member:

- Member organizational name,
- The organization's address of their physical location (this will be the address used to determine the urban/rural status.
- Primary contact person,
- Employer Identification Number (EIN) - *Applicants must specify at least three separately owned entities (two entities plus the applicant organization) that will serve as members of your consortium.*
- Facility type (for example, hospital, RHC, FQHC, etc.),
- Sector (for example, health care, public health, education, transportation, etc.),
- List of each member organizations' roles/responsibilities/contribution to the project, and
- Specify (yes/no) whether member is in a HRSA-designated rural area - Applicants must demonstrate that at least sixty-six percent (66%) or two-thirds of the consortium members are located within a [HRSA-designated rural area](#).

## Attachment 9: Applicant organizational chart

Provide a one-page figure that shows the applicant organizational structure. The applicant organizational chart will help the reviewers understand your staffing and infrastructure to oversee program activities.

## Attachment 10: Special track participation statement

Submit only if applicable.

Refer to [Funding Track Selection](#) under program requirements and expectation, [Project abstract](#), and [Appendix C: Regular Track and Special Track Comparison Table](#) for more information.

Include a statement expressing interest in participating in the Special Track. We recommend that you use this statement:

*“[Applicant Organizational Name] is submitting an application for participation in the Outreach Program’s Special Track. The project will focus on [select one or more of these focus areas: stroke, heart disease, cancer, chronic lower respiratory disease, unintentional injury, cancer, and maternal health].”*

## Attachment 11: 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 are requesting] 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 12: Previous HRSA awards

Submit only if applicable.

Provide a list of the applicant organization’s previous HRSA awards within the last five years. Include the award numbers and abstract.

## Attachment 13: 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 its parent organization. As a result, we may allow separate applications associated with a single UEI or EIN, if you provide the information 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-25-038 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, 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 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 14: 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 and network member organizations
- Justification for multiple applications from the network member organizations under the same EIN and/or UEI
  - For example, unique focus area or services provided, or a lack of other appropriate entities.

## Attachment 15: Other relevant documents (optional)

Include any other documents that are relevant to the application. Some examples of such documents may include letters of support which is not required for eligibility.

## Other required forms

You will need to complete some other forms. Upload the listed 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



# Step 4:

# Learn About Review and Award

## In this step

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# 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	20 points
2. Response	25 points
3. Evaluation measures	10 points
4. Impact	20 points
5. Resources and capabilities	20 points
6. Support requested	5 points

## Criterion 1: Need

### 20 points

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

- How clear the application describes the purpose of the project and includes the project summary.
- How clear the application outlines the goals and anticipated outcomes of the project.
- How well the application describes the [evidence-based or evidence-informed model](#) incorporated in your project and your rationale for selecting your model.
- How well the application describes the target population in the service area(s) and any health-related challenges and contributing factors to those challenges. If applicable, this may include health-related challenges and contributing factors to those challenges such as:

- Geography, socioeconomic status, disability status, primary language, and health literacy.
- People with disabilities; non-English speaking populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying target populations.
- How well the application describes the health disparities and any relevant subpopulations that may reside within the target population that will be served.
- How clearly the application provides information and cites data (if available) about the needs of the target population using demographic information and other specific health status indicators (for example, social determinants of health or health disparities) relevant to the project.
  - This includes how well the application identifies and describes:
    - Any applicable subpopulations within the proposed target service area who have historically suffered from poorer health outcomes, health disparities, and other inequities among the target population.
- How well the application describes the level of involvement the rural community and the rural consortium members in project planning, development, and implementation of project activities.
- How well the application describes the type of community involvement in the planning and implementation process of the proposed project.
- How well the application describes the relevant barriers related to utilization of and access to services that they intend to overcome relevant barriers.
- How well the application describes existing health care, health-related, and social services currently available in the targeted service area(s).
- How well the application describes the gaps identified in existing providers of the targeted service area(s).
- How well the application explains how the project could be integrated with existing services and address the community health care delivery gaps in the service area(s).
- **Special Track only** (in addition all other review criteria listed in this section):
  - How clear the application specifies the Special Track focus area(s) for the project.
  - How well the application provides information regarding any applicable policy and/or workforce barriers associated with selected focus area(s) of the proposed project.
  - How well the application defines the intended project intervention recipient needs and how those needs will be tracked to demonstrate improvement overtime as a result of funded project intervention implementation.



- For Special Track applicant projects focusing on maternal health, as indicated in [Attachment 10: Special track participation statement](#), how well the needs of the individual intended to receive funded project intervention are clearly defined to assess improvement in perinatal outcomes for at least one year following receipt of services.

## Criterion 2: Response

### 25 points

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

- The strength of how well the proposed project responds to the program's [purpose](#), goals, and objectives.
- How well the activities described will address the proposed project goals and meet the needs of the target populations and if applicable, any subpopulations.
- The strength of the methods described by which the project will address identified barriers related to access and utilization of health care, health-related, and social services in the service area(s).
- How well the application describes the effectiveness of the identified [evidence-based or innovative, evidence informed model\(s\)](#) in addressing gaps and needs in a community setting and improve the health status of participants, including:
  - Strength of the model(s) that the project is based on as evidenced by appropriate and citations for the chosen model(s).
  - Extent to which the model(s) is appropriate and relevant to the rural community's need and target population.
- How well the application modifies existing model(s), if needed, to better support the project.
- The application's strength and feasibility of:
  - Preliminary plan for project sustainability after federal funding ends.
  - Sustainable impact of the program funded by grant.
  - Proposed strategies to achieve the desired sustainable impact.
  - Potential sources of support for achieving sustainability after the four-year period of performance has ended.
- Effectiveness and clarity to which the work plan addresses project activities, responsible parties, timeline of activities, anticipated outputs, and the necessary processes associated with achieving project goals.
- How well the application identifies anticipated challenges and barriers in the project.

- The strength of the plan for addressing and resolving anticipated challenges and barriers.
- **Special Track only** (in addition all other review criteria listed in this section):
  - The strength and feasibility described by the application's sustainable impact related to any applicable policy changes, workforce development, Medicare billing codes for community and behavioral services, participation in incentive programs, reimbursement strategies for certain services to qualified patient populations, network service model with dues structure, and/or using savings to form a revenue stream.

## Criterion 3: Evaluation measures

### 10 points

See Project Narrative [Program self-assessment](#) section.

- How well the application describes how consortium members will effectively collect, share, and report required HRSA performance measures, listed in the [Appendix A: Rural Health Care Services Outreach Program Measures Sample](#).
- How well the application describes how the consortium will effectively use data to continuously improve performance and health outcomes.
- How well the application describes the consortium's strategy on receiving input from the service area(s) and target population in the project data design and implementation.
- **Special Track only** (in addition all other review criteria listed in this section):
  - How well the application describes how the consortium will track recipients of project intervention services over the duration of the four-year period of performance to effectively determine improvement overtime and report ongoing relevant data on the impact of grant project activities on the identified rural target population(s) for the selected Special Track focus area(s).
    - For Special Track projects focusing on maternal health, how well the application describes how the consortium will track recipients of project intervention services over time to determine improvement of perinatal outcomes for at least one year, during the period of performance, following receipt of services.
  - How well the application describes a plan to potentially monitor any anticipated cost-savings resulting from your project's Special Track focus area(s) throughout the project implementation.

## Criterion 4: Impact

### 20 points

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

- How well the work plan aligns with the project purpose, goals, and objectives.
- How appropriate is the timeline for project activities during the funding cycle.
- How effective the proposed project is likely to be in positively impacting the target population and the project focus area(s).
- How well the application identifies who will be responsible for and/or be involved in the planning, design, and implementation of each work plan activity.
- Strength of the proposed strategies/activities for monitoring progress and reducing health disparities among target population and any applicable subpopulations within the service area(s), using performance, outcome measures, and/or benchmarks.
- How well the application describes the expected results, outcomes and/or impacts of the selected [evidence-based or innovative, evidence-informed model\(s\)](#) that was used in the design and development of the proposed project.
- Effectiveness of plan for sharing project results and/or outcomes with target populations, consortium members, key stakeholders, and other relevant audiences.
- **Special Track only** (in addition all other review criteria listed in this section):
  - How well the application includes how the project may be repeated in or expanded to other rural setting to address risk factors and prevention related to the selected Special Track focus area(s).

## Criterion 5: Resources and capabilities

### 20 points

See Project Narrative [Organizational information](#) and [Program self-assessment](#) sections.

- How well the application describes the experience serving and capacity to serve rural underserved populations. This includes:
  - Identification of activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations.
  - Discussion of organizational expertise and capacity as it relates to the scope of work proposed.
  - A brief overview describing the organization's assets, skills, and qualifications to carry on the project.

- Description of current experience, including consortiums, activities, program implementation and previous work of a similar nature.
  - Discussion on the effectiveness of methods and/or activities employed to improve health care services in rural communities.
  - Description of the geographic relationship to the proposed rural service population
  - Description that details the plans to ensure that rural populations are served.
- How well the application describes the plan to assess the unique needs of the people who live in the rural community they serve.
  - How well the application ensures a high degree of rural consortium member involvement in project planning and implementation through a shared decision-making structure and capacity that includes rural consortium members and rural community members.
  - How well the application describes the applicant organization’s mission, structure, and the scope of the current activities.
  - How well the application describes the ability and capacity to fulfill staffing and administrative needs of the proposed project, based on the resources available and the training, experience, and qualifications of the project director and other key project staff, as evidenced by:
    - Organizational profile, budget, collaborators, key staff’s experience, skills, and knowledge, and key processes.
    - How well the application describes how they will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
    - Identification of the project director who will be responsible for project/ program monitoring and carrying out the award activities. HRSA strongly recommends project directors are available to assume **at least 1.0 FTE** to the program and has management experience involving multiple organizational arrangements.
  - How well the application describes the consortium, as evidenced by:
    - Effective strategies employed for creating the consortium. If applicable, a history of working together.
    - Nature and extent of each consortium member’s responsibilities and contributions to the project.
    - Extent to which the rural consortium members are actively involved collaborators who are included in decision making in order to contribute to the project, including evidence of support from stakeholders and members

for the implementation of the proposed project, such as letters of agreement or Memorandum of Understanding/Agreement (MOU/A).

- Clearly defined roles and responsibilities for each consortium organization.
- How well federal grant funds are distributed to rural consortium members.
- Ability of each organization participating in the consortium to deliver the services, contribute to the consortium, and otherwise meet the needs of the project.
- The extent to which the proposed project involves a consortium comprised of at least sixty-six percent (66%), or two-thirds of the consortium composition is located in a [HRSA-designated rural area](#).
- How well the application describes each of the consortium members' expertise and why they are an appropriate collaborator on the project, including their:
  - Involvement, roles, responsibilities, contributions, and commitment to sustain project services and activities.
- Strength of indicators to assess the effectiveness of communication and coordination of the consortium and timely implementation.
- How well the application discusses anticipated consortium challenges on collecting, sharing, and reporting HRSA performance measures (for example, data sharing, consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that can be used to resolve the challenges.
- **Special Track only** (in addition all other review criteria listed in this section):
  - How well the application identifies any applicable regional or state-based entities, as consortium members and/or discuss a potential regional or state-based entities that the project plans to pursue adding as a consortium member.
  - How well the application identifies the capability and commitment of the current consortium members to develop and sustain provision of Outreach Program services and activities addressing risk factors and prevention for the selected Special Track focus area(s). This may include:
    - Any sustainable impact related to applicable policy changes and/or workforce development.
    - Any new applicable Medicare billing codes for community and behavioral services incorporated.
    - Any participation in incentive programs to leverage reimbursement strategies as a means for project sustainability. This includes participation in value-based payment systems, such as accountable care organizations (ACO), patient centered medical homes (PCMH), bundled payments, and other shared savings models.

- Any reimbursement strategies leverage payment reimbursements for certain services to qualified patient populations.
- Consider a network service model where members use a dues structure to continue successful services after the completion of the grant.
- Use of cost savings to form a revenue stream to sustain the project such as achieved savings from use of available billing / reimbursement mechanisms or cost savings resulting from unnecessary service utilization such as avoidable hospital visits or re-admissions.

## Criterion 6: Support requested

### 5 points

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

- How reasonable the proposed budget (such as personnel, travel, equipment, supplies, information technology, and contractual services) is for each year in supporting the goals and activities of the proposed grant-funded activities over the length of the four-year period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the project scope.
- Whether key staff have adequate time devoted to the project to achieve project objectives.

## Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see [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.
- The [funding track](#) you indicated in the [Project abstract](#) and [Attachment 10: Special track participation statement](#). The Regular Track and the Special Track will each have a rank order list to make awards.

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 to a more competitive position among fundable applications. Qualifying for a funding preference does not guarantee that your application will be successful.

To qualify for a funding preference, applicants must provide documentation indicated in the [Project Abstract](#) and [Attachment 11](#). 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 11](#) will not be considered to receive the funding preference.

## Qualification 1: Health Professional Shortage Area (HPSA)

You can qualify for this funding preference qualification 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 11](#).

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

You can qualify for this qualification 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 11](#).

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

You can qualify for this qualification 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 description should be included in [Attachment 11](#).

# 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

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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 January 27, 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](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

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

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

# 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.	Yes
<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 a single Other Attachments form.	
<input type="checkbox"/> 1. Required documentation from State Office of Rural Health		No
<input type="checkbox"/> 2. Agreements with other entities		No
<input type="checkbox"/> 3. Map of service area		No
<input type="checkbox"/> 4. Work plan		Yes
<input type="checkbox"/> 5. Staffing plan and job descriptions for key personnel		No
<input type="checkbox"/> 6. Biographical sketches of key personnel		No
<input type="checkbox"/> 7. Evidence-based or evidence-informed model(s)		No

Component	How to Upload	Included in page limit?
<input type="checkbox"/> 8. Consortium member list		No
<input type="checkbox"/> 9. Applicant organizational chart		No
<input type="checkbox"/> 10. Special track participation statement (if applicable)		No
<input type="checkbox"/> 11. Funding preference documentation (if applicable)		No
<input type="checkbox"/> 12. Previous HRSA awards		No
<input type="checkbox"/> 13. EIN/UEI exception request (if applicable)		No
<input type="checkbox"/> 14. Tribal EIN/UEI exception request (if applicable)		No
<input type="checkbox"/> 15. Other relevant documents (optional)		No
<b><u>Other required forms</u></b> *	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<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

Component	How to Upload	Included in page limit?
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No

\* Only what you attach in these forms counts against the page limit. The form itself does not count.



# Step 6:

# Learn What Happens After Award

## In this step

Post-award requirements and administration	<a href="#">56</a>
Reporting	<a href="#">58</a>

# 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, Supply.
  - [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 will be listed in your NOA.
- 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 to promote 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:

### Regular Track

- Strategic Plan:
  - You will submit a four-year Strategic Plan.
  - This strategic plan will provide guidance for program development throughout the period of performance and beyond.
- Assessment Plan:
  - You will submit an Assessment Plan.
    - This assessment plan will provide guidance for program self-assessment throughout the period of performance and beyond. An assessment plan should address both process and outcome measures. It should include the following elements: assessment questions, indicators, data sources, assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.), and how the assessment findings will be shared throughout the project.
    - HRSA recognizes that this plan may change throughout project implementation. However, the likelihood of a project's success is increased if an assessment strategy is identified in the beginning phases

of the project, project staff are engaged throughout the assessment process (in the design and implementation stages), and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course adjustments.

### Special Track

- Community Assessment:
  - You will submit a Community Assessment Plan that is specific to your project's Special Track focus area(s).
  - This collaborative process should be done with consortium members and key community members of the proposed service area. Based on the outcome of the assessment, Special Track recipients will then be able to update their work plans accordingly.
- Cost-Savings Estimation Plan:
  - You will submit a Cost Savings Estimation Plan that will detail how their project will use data to estimate savings associated with program participation of the project.
  - During subsequent years, award recipients can test and refine their approach to best fit the evolving needs of their program.

### Regular *and* Special Tracks

- Progress Report:
  - You will submit a progress report each year.
  - Submission and approval of your Progress Report(s) is required for budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals.
- Program Performance Measures:
  - You will submit a performance measures report for each budget period in a centralized program outcomes reporting system.
  - We will aggregate the data collected from a centralized program outcomes reporting system to demonstrate overall impact of the program.
  - Upon award, we will notify you of specific performance measures required.
  - See [Appendix A: Rural Health Care Services Outreach Program Measures Sample](#) for more information.
- Sustainability Plan: You will submit a plan for project sustainability.
- Final Program Assessment Report: You will submit a final Program Assessment Report at the end of their period of performance that would show, explain, and discuss their results and outcomes.

- Final Closeout Report:
  - You will submit a final report within 120 days after the period of performance ends.
  - The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance.



# Contacts and Support

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# Agency contacts

## Program and eligibility

### **Kanokphan Mew Pongsiri, MPH**

Program Coordinator, Community-Based Division

Attn: Rural Health Care Services Outreach Program

Federal Office of Rural Health Policy

Health Resources and Services Administration

Email your questions to this program's in-box: [RuralOutreachProgram@hrsa.gov](mailto:RuralOutreachProgram@hrsa.gov)

Call: 301-443-2752

## Financial and budget

### **Kimberly Dews**

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to this program's in-box: [kdews@hrsa.gov](mailto:kdews@hrsa.gov)

Call: 301-443-0655

## 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 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 you are especially encouraged to review these resources:

- [Centers for Disease Control and Prevention \(CDC\)](#) - Offers a wide variety of rural health related resources, including nationwide data, state-specific information, [Social Vulnerability Index](#), [leading causes of death in rural America Partner Toolkit](#), [preconception health](#), and [other useful resources](#).
- [Centers for Medicare & Medicaid \(CMS\) Services Value-Based Programs](#) - Provides incentive payment rewards to health care providers for the value of care they provide to people with Medicare.
- [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
  - HHS Health.gov: [Health Literate Care Model](#)
  - AHRQ: [Health Literacy Universal Precautions Toolkit](#)
- [HRSA Rural Community Programs](#) - Provides information regarding HRSA's rural community programs.
- [HRSA Data Warehouse](#) - Provides maps, data, reports, and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services.
- [Primary Care Offices \(PCOs\)](#) - The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites
- [Maternal and Child Health Data System](#) - Offers data, sorted by state, on services to women and children.

- [National Area Health Education Center \(AHEC\) Organization](#) - The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training, and retention of a diverse health work force for underserved communities.
- [National Association of County and City Health Officials \(NACCHO\)](#) - Created 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 Health Service Corps \(NHSC\)](#) - HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.
- [National Health Service Corps \(NHSC\), state specific contacts](#) - Contact your state or territorial analyst with questions about NHSC site approval, NHSC site visits, Clinician recruitment and retention, and Outreach and promotion opportunities.
- [National Preconception Health and Health Care: Preconception Resource Guide](#) - The goal of the Preconception Resource Guide is focused improving the health of young adults and any children they may choose to have. The vision is that all people of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.
- [National Center for Health Statistics](#) - Provides health statistics for various populations.
- [Regional Telehealth Resource Centers](#) - Provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.
- [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 Community Health Toolkit: <https://www.ruralhealthinfo.org/toolkits/rural-toolkit>
- [Rural Health Research Gateway](#) - Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.
- [Rural Health Value](#) - This Value-Based Assessment Tool helps assess readiness for the shift of health care payments from volume to value.



- [Rural Partners Network](#) - All-of-government program that helps rural communities find resources and funding to create jobs, build infrastructure, and support long-term economic stability on their own terms.
- [State Offices of Rural Health \(SORHs\)](#) - All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems.
- [UDS Mapper](#) - The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program award recipients and look-alikes. Applicants can use this resource to locate other collaborators.
- [U.S. Department of Agriculture \(USDA\)](#) - Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.

# Appendix A: Rural Health Care Services Outreach Program Measures Sample

The following measures may be applicable to all Outreach Program award recipients:

- Number of counties and names of counties served.
- Number of people in the target population.
- Number and types of direct services provided.
- Number and types of social determinants of health activities implemented.
- Number and type of preventive education and screening activities implemented.
- Number of people served by race, ethnicity, age, and insurance status.
- Number and type of consortium or network member organizations.
- Will any of the program activities be sustained after the federal grant funding period?

The following are measures that may be applicable to some Outreach Program award recipients. Only measures applicable to their funded project focus area would be required:

- Number and type of care coordination services, if applicable.
- Number and type of oral health services, if applicable.
- Number and type of mental / behavioral services, if applicable.
- Number and type of workforce recruited/trained, if applicable.
- Number and type of telehealth services, if applicable.
- Number and type of cardiovascular disease and/or stroke prevention services, if applicable.
- Number and type of chronic lower respiratory disease prevention services, if applicable.
- Number and type of cancer prevention services, if applicable.
- Number and type of unintentional injury prevention services, if applicable.

- Number and type of maternal health and related maternal health care services, if applicable.
- Health outcome improvements, if applicable.
- Cost savings, if applicable
- Number of emergency department admissions averted as a result of program activities.

The following measures may be applicable to all Outreach Program award recipients who have projects with direct outpatient care:

**Measure 1** – *Diabetes Short Term Complications Admissions Rate* (NQF #0272): The rate of admissions for a principal diagnosis of diabetes with short- term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.

**Measure 2** – *Tooth loss* (Healthy People 2020 Objective): Percentage of adults with permanent tooth loss due to dental caries or periodontal disease.

**Measure 3** - *Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan* (NQF #0418): Percentage of patients aged 12 years and older screened for clinical depression using an age-appropriate standardized tool AND a documented follow-up plan.

**Measure 4** - *Controlling High Blood Pressure* (NQF #0018): Percentage of adult patients, 18-85 years of age, who had a diagnosis of hypertension whose blood pressure, was adequately controlled during the budget period.

**Measure 5** – *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0 percent)* (NQF #0059): Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0 percent (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.

**Measure 6** - *Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention* (NQF #0028): Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation-counseling intervention if identified as a tobacco user.

**Measure 7** - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (NQF #0024): Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the budget period: Body mass index (BMI) percentile documentation: Counseling for nutrition and counseling for physical activity.

**Measure 8** - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (NQF #0421): Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter.

# Appendix B: Rural Health Care Services Outreach Program Definitions

**Beneficiaries** - For the purposes of this grant program, the term “beneficiary” is defined as any rural individuals participating in and/or receiving services from grant-funded activities.

**Disability Services** – For the purposes of this grant program, disability services are defined as any physical, mental and/or intellectual impairment that negatively affects one’s health and well-being and that limits or hinders the ability to do certain activities.<sup>[3]</sup>

**Evidence-Based Models** – Evidence-based public health model is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.<sup>[4]</sup>

**Evidence-Informed Model** – A model with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings. An example of an evidence-informed model or a promising practice is a small-scale pilot program that generates positive outcome results and justifies program expansion to new access points and/or service populations.

For the purposes of this grant program, an innovative, evidence-informed model(s) is defined as any modification(s) made to the model(s) your project will use, if applicable, including how any modifications made to better support use of the model(s) for the project and rural community the project will serve.

**Health Care Provider** – Health care providers are defined as entities providing health care, health-related, and social services. These organizations include, but not limited to black lung clinics, hospitals, public health agencies, home health providers, disability service providers, mental health centers and providers, 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 health centers/federally qualified health centers, tribal health programs, churches and civic organizations that are providing health related services.

For the purposes of this grant program, a regional or state entity, like state Medicaid offices, a regional managed care association, and regional health care foundations, can also be included as a consortium member.

**Health Disparities** - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. [\[5\]](#)

**Health Equity** - The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.<sup>ix</sup>

**Memorandum of Understanding/Agreement** – The Memorandum of Understanding/Agreement (MOU/A) is a written document that must be signed by all consortium members to signify their formal commitment as a consortium. An acceptable MOU/A should at least describe the consortium’s purpose and activities; clearly specify each organization’s role in the consortium, responsibilities, and any resources to be contributed by the member to the consortium.

For the purposes of this grant program, a letter of commitment is not the same as a MOU/A; a letter of commitment may represent one organization’s commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the consortia.

**Network** – A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of a network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

For the purposes of this grant program, a network can also be a consortium.

**Project Director** – An individual designated by the award recipient organization 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 award recipient 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 organization and the contractual agreement must be explained.

# Appendix C: Regular Track and Special Track Comparison Table

Regular Track and Special Track Comparison		
<b>Program Name</b>	Rural Health Care Services Outreach Program	
<b>Track Name</b>	Regular Track	Special Track
<b>Goal</b>	To promote health care services outreach by enhancing health care delivery to rural underserved population based on the needs of the community or region	Demonstrate the collective impact of programs that better manage conditions, address risk factors, and focus on prevention that relates to the five leading causes of death and maternal health
<b>Funding per Award</b>	Up to \$250,000 per year	Up to \$300,000 per year
<b>Estimated Number of Awards</b>	Approximately 40 awards	Approximately 10 awards
<b>Required Focus Area(s)</b>	None (focus areas should be based on the needs of the community)	At least one of the following focus areas: stroke, heart disease, cancer, chronic lower respiratory disease, unintentional injury, cancer, and maternal health.
<b>Consortium Member Recommendation</b>	None	HRSA recommends that consortium include at least one state or regional member
<b>Four-year Program Format</b>	All four years should focus on program activities	Uses the first year of the grant period of performance strategically to include a community assessment that informs the intervention and specified focus area(s) and targeted rural intervention population(s). All four years include focus on program activities.

### Regular Track and Special Track Comparison

<b>Data Collection and Reporting Expectations</b>	Report on the performance and project specific measures	<p>Have the capacity to track recipients of project intervention services over the duration of program to determine improvement over time and report on performance measures (which may include cost savings analysis, risk reduction, etc.), project specific measures and program deliverables.</p> <p>For maternal health focus projects, tracking recipients of project intervention services over time to determine improvement of perinatal outcomes for at least one year following receipt of services.</p>
<b>Program Deliverables</b>	<ul style="list-style-type: none"> <li>• Strategic Plan</li> <li>• Assessment Plan</li> <li>• Sustainability Plan</li> <li>• Annual Performance Measure Report</li> <li>• Noncompeting Continuation Report</li> <li>• Final Program Assessment Report</li> <li>• Final Closeout Report</li> </ul>	<ul style="list-style-type: none"> <li>• Community Assessment</li> <li>• Cost-Savings Estimation Plan</li> <li>• Sustainability Plan</li> <li>• Annual Performance Measure Report</li> <li>• Noncompeting Continuation Report</li> <li>• Final Program Assessment Report</li> <li>• Final Closeout Report</li> </ul>
<b>Anticipated Post-Award Activities</b>	None	Participation in post-award program evaluation

Refer to Funding Track Selection under [program requirements and expectation](#) and [Project abstract](#), and [Attachment 10: Special track participation statement](#) for more information.



# Appendix D: 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 [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-designed 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 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

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 3: Map of service area](#), please include a screenshot or printout of the Eligibility Analyzer result or reference the list of 17 eligible counties, as applicable.

Below is 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 FORHP rural. With the redrawing, some Litchfield census tracts moved to neighboring planning regions, which are not fully FORHP rural. For the FY

2025, any census tract that was in Litchfield County, CT will still be considered FORHP rural.

# Endnotes

1. [Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System.](#) ↑
2. Kozhimannil K, Interrante J, Henning-Smith C, Admon K. Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007-2015. *Health Affairs*. 2019; 38 (12): 2077-2085. ↑
3. National Advisory Committee on Rural Health & Human Services. Disability and Independence in Rural America (White Paper), July 2024. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/white-paper-nacrhhs-disability-independence-rural-america.pdf>. ↑
4. RHI Hub. Identify Evidence-Based and Promising Program Models. <https://www.ruralhealthinfo.org/toolkits/rural-toolkit/2/program-models>. ↑
5. Healthy People 2030. <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>. ↑