

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Federal Office of Rural Health Policy
Office for the Advancement of Telehealth
Telehealth Resource Center Grant Program

Telehealth Resource Center Grant Program

Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: March 4, 2016

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

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Authority: §330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended.

EXECUTIVE SUMMARY

This announcement solicits applications for the Telehealth Resource Center Grant Program (TRCGP). The purpose of the TRCGP is to support the delivery of telehealth technical assistance through Telehealth Resource Centers (TRCs). The TRCGP supports centers of excellence that deliver expert and customized telehealth technical assistance across the country, while at the same time working together to make available a wide range of expertise that might not be available in any one region. The TRCs provide technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations. It is expected that TRCs will provide technical assistance including individual consultations, training, and/or webinars to rural communities and Health Resource and Services Administration (HRSA) recipients, including Telehealth Network Grant Program (TNGP) awardees supported by the Federal Office of Rural Health Policy (FORHP). The program seeks entities with proven, successful records in providing technical assistance in the development of sustainable telehealth programs

Funding Opportunity Title:	Telehealth Resource Center Grant Program
Funding Opportunity Number:	HRSA-16-013
Due Date for Applications:	March 4, 2016
Anticipated Total Annual Available Funding:	\$4,550, 000
Estimated Number and Type of Award(s):	Up to twelve (12) regional grants Up to two (2) national grants
Estimated Award Amount:	Up to \$325,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2017 (1 year)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations. [See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Thursday January 14, 2016 2:00-3:00 PM EST to assist applicants in preparing their applications. Call-in number (for audio): 866-738-5898 passcode: 4538730.

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I. Program Funding Opportunity Description

1. Purpose

Telehealth Resource Centers (TRCs) assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations. This FOA will fund two different types of TRCs. This FOA will support twelve TRCs that focus on State-wide and regional telehealth activities and are referred to as Regional TRCs (RTRCs). This FOA will also fund two National TRCs (NTRCs) that focus on telehealth policy or technology activities with a national scope.

This funding cycle will support up to twelve RTRCs, with one per region as shown below. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and States.

Northeast Region	Southeast Region	Upper Midwest Region	Northwest Region
Connecticut	Alabama	Illinois	Alaska
Maine	Florida	Indiana	Idaho
Massachusetts	Georgia	Michigan	Montana
New Hampshire	South Carolina	Ohio	Oregon
New Jersey			Utah
New York	South Region	North Central Region	Washington
Rhode Island	Arkansas	Iowa	Wyoming
Vermont	Mississippi	Minnesota	
	Tennessee	Nebraska	Southwest Region
Mid-Atlantic Region		North Dakota	Arizona
Delaware	South Central Region	South Dakota	Colorado
District of Columbia	Kansas	Wisconsin	Nevada
Kentucky	Missouri		New Mexico
Maryland	Oklahoma	Pacific Region	Utah
New Jersey		American Samoa	
North Carolina	West Central Region	Guam	West Region
Pennsylvania	Louisiana	Hawaii	California
Virginia	Texas	Northern Mariana Islands	
West Virginia			

One National TRC (NTRC) will focus on policy issues such as: clinician licensure, credentialing and privileging, Medicare and Medicaid reimbursement, and private insurance payment policies. A second National TRC (NTRC) will focus on technical issues of telehealth system selection and evaluation, interfacing/ integration with other systems such as clinical, billing, scheduling, and administration at the consumer, consultant, and originating sites, system interoperability, system support and upgrading, cyber security, technology alerts and recalls or related technology concerns. Both NTRCs must demonstrate a high level of experience and knowledge of their respective areas at the State, local and national level. In addition, each National TRC will work to support the Regional TRCs in their efforts to advance telehealth.

The Office for the Advancement of Telehealth (OAT) expects all TRCs to fully collaborate with each other, to share and combine expertise and resources to create a unified telehealth technical assistance capability with agile and market leading educational tools, consulting and support capabilities. The technical assistance resources will be created to meet needs of telehealth networks, practitioners or organizations across the nation. It is anticipated that awards will:

- (A) providing technical assistance, training, and support, and providing for travel expenses, for health care providers and a range of health care entities that provide or will provide telehealth services;
- (B) disseminating information and research findings related to telehealth services;
- (C) promoting effective collaboration among telehealth resource centers and the Office;
- (D) conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;
- (E) promoting the integration of the technologies used in clinical information systems with other telehealth technologies;
- (F) fostering the use of telehealth technologies to provide health care information and education for health care providers and consumers in a more effective manner; and
- (G) implementing special projects or studies under the direction of the Office.

If technical assistance provided to a specific organization or provider exceeds ten hours, a TRC may charge a reasonable fee for continuing assistance or refer the entity to consultants or other resources for ongoing assistance. Any fees received by TRCs must be used to supplement the HRSA award activities and must be listed and explained in reports to OAT.

2. Background

Authorization for Telehealth Resource Center Grant Program (TRCGP) comes from the 330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended. The TRCGP supports the availability of expert technical assistance and advisory services in the development of telehealth services and leveraging the experience of mature telehealth programs. For this program, telehealth services are electronic information and telecommunications technologies that support and promote long-distance clinical healthcare, patient and professional health-related education, public health, and health administration. Applicants applying for this opportunity should have expertise in telehealth services including remote monitoring and the use of hand held technologies to support or provide health care services (mHealth) and a track record in providing technical assistance.

II. Award Information

1. Type of Application and Award

Types of applications sought: New.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding for Federal fiscal year 2016-2017. Approximately \$4,550,000 is expected to be available to fund fourteen (14) recipients. Applicants may apply for a ceiling amount of up to \$325,000. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include nonprofit entities. Faith-based, community-based, and tribal nonprofit organizations are also eligible. (Proof of non-profit status is required to verify eligibility.)

Distribution of Grants

Per Sec. 330I(j) of the PHS Act, in awarding these grants, HRSA will ensure, to the greatest extent possible, that equitable distribution occurs among the geographical regions of the United States.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

Consultation with the State Office of Rural Health

Per Sec. 330I(g) of the PHS Act, to be eligible to receive an award, an entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit an application, containing the following:

- (1) A description of the project that the eligible entity will carry out using the funds provided under the award;
- (2) A description of the manner in which the project funded under the award will meet the health care delivery system reform needs of rural or other populations to be served through the project, including improving the access to services, and quality of the services received by their population;
- (3) Evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project;
- (4) A plan for sustaining the project after Federal support for the project has ended;
- (5) Information on the source and amount of non-Federal funds the entity will provide for the project;
- (6) A clear plan for providing technical assistance to rural providers and organizations;
- (7) Evidence of institutional commitment of the entity to the project;

- (8) Information demonstrating the long term viability of the project and other evidence of institutional commitment of the entity to the project.

Consortium applications

RTRCs and NTRCs can be collaborative organizations, composed of more than one entity, but only one entity is the official applicant. The applicant organization is responsible for all fiscal, administrative, and programmatic aspects of the application and award. All other organizations may be members of the consortium or network. For-profit and public entities may be part of a consortium, but cannot be the official applicant. Consortium members must have a proven history of collaboration on common projects.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Applicants may only apply for one type of award: RTRC or NTRC. The applicant must specify the type of award for consideration on line 15 of the SF-424 and also state the type of award clearly in the Project Abstract. RTRC applicants must specify which region they intend to serve. This funding cycle will support up to twelve RTRCs, with one per region as shown above. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and States. RTRC applicants may not apply to serve more than one region. For NTRC there will be two awards made, applicants must specify if they intend to focus on policy issues or technology issues.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. *Project Abstract*

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). The project abstract must be single-spaced and limited to one page in length. In addition to the requirements in the application guide, **applicants must designate whether they are applying for an RTRC or NTRC. If applying for a RTRC, indicate the region they intend to serve. If applying for an NTRC, indicate if applying for the policy or technology NTRC.**

Applicants must also provide approximately one paragraph for each of these areas:

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period.

METHODOLOGY: Describe the programs and activities used to attain the objectives. Comment on innovation, cost, and other characteristics of the methodology. This section describes the activities that have been proposed or are being implemented to achieve the stated objectives.

COORDINATION: Describe the coordination planned with appropriate National, Regional, State and/or local health agencies and/or organizations in the area(s) served by the project.

ANNOTATION: Provide a description of the proposed project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objective of the project, the activities, which will be used to attain the goals and the materials that will be developed.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION*** *Corresponds with Review Criterion 1 (Need) in Section V.*
This section should briefly describe the purpose of the proposed project.

RTRCs: Each applicant must clearly describe how it proposes to establish a TRC that provides technical assistance to existing or developing telehealth networks. Briefly identify the region or states to be served, the market demand for technical assistance and summarize the services being proposed. If the applicant proposes a consortium, it should provide a clear rationale as to why a consortium is required.

NTRCs: The applicant must demonstrate what expertise they possess and how they will support RTRCs, rural organizations and HRSA recipients by providing technical assistance in telehealth technology and related policy issues at national and state levels.

For organizations that have previously served as a TRC, describe any shifts in demand for telehealth technical assistance and how services of the applicant may change in response, if awarded further funding. A quantitative explanation detailing accomplishments achieved under previous TRC awards should be included as *Attachment 10*.

Legislative Funding Preferences – Applicants **MUST** state which legislative funding preference(s) they are requesting in this section of the narrative.

The law provides that a funding preference be provided to any qualified applicant that specifically requests the preference and meets the criteria for the preference. In awarding grants under subsection 330 I(d)(2) for projects involving TRCs, the Secretary shall give preference to an eligible entity that meets at least one of the following requirements:

- 1) Provision of Services: The eligible entity has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.
- 2) Collaboration of Sharing Expertise: The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.

3) Broad Range of Telehealth Services: The eligible entity has a record of providing a broad range of telehealth services, which may include:

- A variety of clinical specialty services;
- Patient or family education;
- Health care professional education; and
- Rural residency support programs.

▪ *NEEDS ASSESSMENT Corresponds with Review Criterion 1(Need) in Section V.*

This section outlines the needs of the population groups/States that could be addressed through enhanced telehealth services. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served. Demographic data should be used and cited whenever possible to support the information provided.

RTRC applicants must clearly address how they have or will assess the demand for their services and the scope of services needed. In the description of demand, provide specifics as to the actual and potential relevant barriers that Telehealth projects face in the region (e.g., specific legislative or regulatory issues, specific reimbursement challenges, technical infrastructure challenges, and organizational challenges), and the technical assistance services needed to address these challenges.

NTRC applicants must outline critical telehealth policy or technology barriers that exist and identify the market forces that support a demand for technical assistance as it relates to the respective telehealth policy or technology areas. Additionally, NTRC applicants should include information about other technical assistance services that may be available and how such services could be used or integrated, and not duplicated by NTRCs to optimally advance telehealth.

This section should help reviewers understand the need for telehealth technical assistance that will be addressed by each proposed project.

▪ *METHODOLOGY Corresponds with Review Criterion 2, (Response) and Review Criterion 4 (Impact) in Section V*

All TRCGP applicants must describe their plan to provide technical assistance to rural communities. Applicants must identify the mechanisms by which they will identify organizations in need of assistance. This will include the ability to identify the method of initial contact from communities and clients, (i.e., through the web site, toll free number, or contact at a meeting or conference), and clearly track the outcome of the technical assistance (i.e., a new site or service was established). Evidence of an ability to share lessons learned with new and/or existing telehealth programs should also be included. Applicants should clearly indicate how they have and will facilitate the transfer of knowledge between telehealth programs and others in the field. Both RTRCs and NTRCs are expected to track telehealth “Best Practices” in their region and across the country. RTRCs should also describe how they will provide targeted technical assistance to HRSA awardees including Telehealth Network Grant Program awardees to insure optimal use and benefit of HRSA funding for rural communities. Applicants should discuss their plan for

the following:

- 1) Providing technical assistance, effective training, and support for health care providers and a range of health care entities that provide or will provide telehealth services;
- 2) Effectively communicating and disseminating best practices, new findings on outcomes, emerging evidence-based practices and methodologies, telehealth business, technical and administrative planning tools, and emerging and new research findings related to telehealth services;
- 3) Conducting evaluations and special projects to determine the effective telehealth applications to support delivery system reform and accelerate addressing personal and population health care needs on a regional/national level;
- 4) Identifying key strategies and tools for effective delivery of training, consultation, acquisition, systems and program training on the use of telehealth technologies to transmit health care data for health care providers and consumers;
- 5) Clearly describe plans to collaborate on business development strategies to promote TRC services and information to region/national entities;
- 6) Clearly describe the methodology to be used to track value added service utilization including categorizing the types of service, types of organizations requesting assistance and quantitative documentation of outcomes for all technical assistance provided; and
- 7) Tracking the outcomes of the technical assistance provided (i.e., if the technical assistance resulted in a new telehealth site or service).

In addressing technical assistance and training capabilities and strengths, applicants must describe their activities and experience in the following areas:

- 1) Ability to help programs address/overcome telehealth reimbursement and other policy challenges to achieve value and sustainability of their networks;
- 2) The implementation of business and clinical case proposals or publications that address the effectiveness of telehealth programs as it relates to cost, productivity, and impact;
- 3) Maintaining a strong and sustainable operational/management structure; and
- 4) Experience with developing and executing strategic/business plans, including business plans for their own services.

Technical Assistance Delivery Mode: The applicant must identify the means by which clients will contact the organization for technical assistance. For each technical assistance service the applicant proposes to provide, it must clearly specify the ways it plans to deliver the services and how it will track the volume of services provided, the products or output of the service, and, where appropriate, the outcome of the service. In general, there are three ways TRCs can provide services to their clients (Service Delivery Modes):

- **One-to-One:** One or more TRC staff members interact directly with an individual or a group of individuals representing a single organization.
- **Peer-to-Peer:** Arranging for an entity with a particular expertise to provide assistance to another organization or individual that requested technical assistance from the TRC.
- **One-to-Many:** One or more TRC staff members interacting directly and simultaneously with a group of entities made up of individuals representing different organizations or organizational units.

Outreach Tools: For each technical assistance service, applicants must describe the specific tools they have developed to provide assistance (e.g., webinars, toolkits, workshops, focus groups, conferences), tools trademarked, or developed for industry adoption and sale. Lists of clients may be included (with benefits gained from tools, especially if benefits take a year or more to develop after the service was delivered).

Acknowledgment of Federal Funding

HRSA requires recipients to use the following acknowledgement and disclaimer on all products produced by HRSA funds:

“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

Specific Programmatic Services: Applicants must refer to the types of services or products to help a provider or a community with its strategic development or expansion of a telehealth program. The proposed technical assistance services must be clearly linked to the needs/demand identified above and must be consistent with the resources available.

- **RTRCs:** In addressing technical assistance and training, applicants should specifically address their plans to provide services in the following areas and identify the ways they plan to do so according to the three service delivery modes described above (one-to-one, peer-to-peer, and one-to-many). These include:
 - 1) Information and advice on such issues as launching or expanding a telehealth program;
 - 2) Information on telehealth program operations and development, including information on business models and best practices ;
 - 3) Clinical services and integration of clinical information systems;
 - 4) Telehealth reimbursement and other policy issues;
 - 5) Evaluation (including collecting baseline data);
 - 6) Operations/management
 - 7) State-wide or regional strategic planning including coordinating round-tables through a agency or organization and bringing in stakeholders to help formulate a telehealth plan/

RTRCs funded must collaborate with other OAT-funded RTRCs and NTRCs to build on each other's expertise and collaborate to provide telehealth technical assistance as efficiently as possible across the nation.

- **NTRCs:** National TRC applicants must address how they plan to track their activities and effectively provide technical assistance across the nation to address a

myriad of policy challenges. NTRC applicants must also describe the delivery modes to be used for each service and the outreach tools to be used. In addition, the NTRCs need to effectively address how they plan to provide technical assistance to the RTRCs. NTRC applicants will address how they plan to provide technical assistance related to telehealth policy issues in the following areas:

- 1) State and National telehealth credentialing and privileging issues including impact from Centers for Medicare and Medicaid Services (CMS) regulations and policies;
 - 2) Legal and regulatory issues regarding e-Prescribing;
 - 3) Medicare and Medicaid reimbursement and their impact on telehealth;
 - 4) National Telecommunications implications for telehealth and the policies of the Federal Communication Commission (FCC);
 - 5) State laws and licensure requirements; and
 - 6) State and National policies and initiatives regarding telehealth and Electronic Health Records (EHRs).
- *WORK PLAN Corresponds with Review Criterion 2 (Response), Criterion 4 (Impact) and Criterion 5 (Resources and Capabilities) in Section V.*

Describe the activities or steps that will be used to achieve each of the activities proposed during the project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Applicants must also describe in detail, the technical assistance services they plan to provide, to whom they intend to provide it, and the available tools and resources to be used in providing those services. In addition, applicants must clearly address how they will assess the market for their services and how to track changes in that market.

It is anticipated that successful applicants will demonstrate that they are capable of not only conducting the project, but also completing a thorough evaluation in the time period proposed. Applicants must present an implementation schedule that identifies major project tasks and milestones. In addition, they must describe in detail the technical approach employed in the project and how the various components will be organized and work together. Applicants must explain how they will track utilization of their services, including the number of programs/providers that have used specific TRC services, and the outcomes of those services (i.e., additional telehealth sites and/or services).

In order to understand how TRCs will build on existing resources, applicants must describe the expertise, resources, and services currently available to meet the project's objectives of providing technical assistance on a wide range of telehealth issues related to their project goals. With respect to dissemination, all applicants must demonstrate plans and capability for sharing best practices and lessons learned from its successes and failures.

Applicants must describe current experience, skills, and knowledge, including those of individuals on staff, in providing technical assistance to other networks, business/strategic planning, evaluation, telehealth policy activities in their region and state, educational outreach and information dissemination, and other relevant experience. Describe specific strengths that make the applicant uniquely qualified to work with the regions or states identified in the application. Applicants are encouraged to reference materials published and previous work of a similar nature.

Applicants must demonstrate the experience necessary to provide an understanding of technological, clinical, educational, and administrative aspects of relevant telehealth services. Applicants must provide specific strategies for sharing lessons learned with new and/or existing telehealth programs.

RTRCs should have expertise in the following areas and they should collaborate with other organizations in the region to address any of the thirteen (13) areas where the TRC is not an expert.

- 1) Developing organizational capacity to build telehealth networks
- 2) Developing and implementing telehealth programs
- 3) Provide clinical services using telehealth
- 4) A wide range of clinical telemedicine services
- 5) Telecommunications technologies
- 6) Critical or emergency care
- 7) Residential telehealth (home care)/chronic disease management
- 8) Nursing home/inpatient care
- 9) Distance education and training
- 10) Telehealth technologies – both interactive and store-and-forward
- 11) mHealth – the use of mobile devices
- 12) Reimbursement
- 13) Evaluation

RTRCs must demonstrate knowledge of and be able to assist programs in the region with diverse funding sources, including Federal, State and local Governments, reimbursement from health insurance organizations, awards from private non-profit organizations, and donations from private donors. NTRC applicants should be able to document specialized expertise delivered nationally.

RESOLUTION OF CHALLENGES Corresponds with review Criterion 2, (Response) in Section V.

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

EVALUATION AND TECHNICAL SUPPORT CAPACITY Corresponds with Review Criterion 3 (Evaluative Measures)

In an effort to maximize allocation of award funds towards project activities, the applicant is not required to conduct a formal evaluation but rather a self-assessment at the end of

their project period. The self-assessment will provide information to identify the project's strengths and areas for improvement. Specifically, the self-assessment should include, but is not limited to, the following elements:

- Outcomes focused: Ensure that the goals and objectives of the project are assessed.
- Data collection: Illustrates accuracy and consistency of data collected, producing results that are as objective as possible. Ensure that data collection methods are feasible for the project and data are collected in a timely manner.
- Sustainability: Identify factors and strategies that will lead to viability and sustainability after Federal funding ends. Explain how sustainability data will be used to help inform quality improvement strategies and future efforts.

ORGANIZATIONAL INFORMATION Corresponds with Review Criterion 5 (Resources/Capabilities) in Section V.

Applicants must provide information on their current mission and structure, scope of current activities, and an organizational chart (Attachment 6), and describe how these contribute to the ability of the organization to become an RTRC or NRTC. Applicants must clearly describe the extent to which they involve representatives from the stakeholder communities and/or populations in both the design and operation of a TRC.

Applicants must outline incentives and/or steps taken to include and sustain the involvement of a variety of community stakeholders. In addition, applicants must demonstrate the commitment of community partners to the long-term sustainability of the project after federal support of the project has ended. Evidence of this commitment might be shown by including information about other funding sources for the TRC, including in-kind resources, private donations, and other non-federal award funds at either the State or local levels.

RTRC applicants in consortia must provide information about how the various components will function as a center, with the roles and responsibilities of all components specifically addressed in the application. Consortia applicants must clearly demonstrate that they have collaborated before on projects and have strong prior working relationships. They must also have standard protocols throughout the consortia/network for receiving, tracking, data collection and follow-up for all technical assistance requests. Applicants must clearly describe their partnerships as an ongoing and integral part of project planning and operation, as appropriate. (List of Partners should be attached in Attachment 5). The applicant organization is responsible for all fiscal, administrative, and programmatic aspects of the application and award.

Equally important is the organization's ability to be structured as a separate and distinct center an impartial source of technical assistance. As such, applicants need to emphasize their independence from any parent organization that is a provider of telehealth services and may be a source of competition by organizations seeking assistance from the TRC.

Given the spectrum and scope of work required, extensive organizational skills are considered an essential characteristic for a TRC. Applicants must provide information that demonstrates their ability and experience managing multiple projects, while addressing the details necessary for projects to run smoothly. Applicants must also demonstrate how they have previously met the needs of the organizations in areas such as training, evaluation, and patient care, while also meeting the increased demands of a TRC for technical

assistance and other services from the field. Applicants should describe how they will continue to meet these needs in the future. Applicants must demonstrate their ability to track all technical assistance requests and document outcomes resulting from services provided.

NTRC applicants must demonstrate strong relationships with telehealth providers in collaborations to address policy barriers to telehealth services in areas mentioned in the “**METHODOLOGY**” section of this funding announcement. Applicants must clearly describe their partnerships as an ongoing and integral part of project planning and operation, as appropriate.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (4) Impact
Work Plan	(2) Response, (4) Impact, and (5) Resources/Capabilities
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

iii. Budget

See Section 4.1.iv of HRSA’s SF-424 Application Guide. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, if applicable, the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s SF-424 Application Guide for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. Budget Justification

See Section 4.1.v. of HRSA's SF-424 Application Guide

As stated in 330I (1) prohibited use of funds include (2) expenditures to lease or acquire equipment are limited to 40 percent of the grant dollars, and; (7) expenditures for indirect costs are limited to 15 percent of the grant dollars.

Travel: Applicants should budget travel funds for a maximum of two (2) staff members to attend an annual recipient meeting in Washington, DC.

Each applicant must submit a detailed strategic/financial plan as part of its proposal. The purpose of the strategic/financial plan is to demonstrate the applicant organization and its partners have evaluated their technical assistance reach to all States within their region. In addition, the plan will outline steps the applicant organization will take to sustain the technical assistance program after the period of support has ended. Applicants are also expected to provide baseline level numbers (qualitative/quantitative) for all activities and outcomes for these performance measures.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Consortium Agreement

If the applicant is applying on behalf of a consortium of entities to be involved in the technical resource center, list the members, key contact, and contact information. Attach the detailed agreement among the participants signed by the appropriate authority (organizations CEOs or equivalent authority). Highlight the organizational relationships within the consortium, the defined organizational role of each member in the proposed TRC, and the financial and personnel commitment of each member to the project. Consortium members must have a proven history of collaboration together on common projects. The agreement must reflect clear organizational relationships within the consortium and the defined organizational role of each member in the proposed RTRC or NTRC.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Keep each Job Description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches of personnel occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who has yet to be hired, include a letter of commitment from that person.

Attachment 4: Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU) and Description(s) of Proposed/Existing Contracts/Sub-contracts.

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements must clearly describe the roles of the contractors/subcontractors and any deliverables. Contracts and sub-contracts must describe contractor's roles, responsibilities, and qualifications. Salaries must be broken out, per person, with an identified person or persons responsible for oversight of the contractor. Memoranda of agreement must be dated and signed.

Attachment 5: List of Partners

Describe the agencies, organizations, or groups that are part of the project or consortia. Identify and define the work to be done by each agency supported by the project. Include name of organization, service(s) provided, number of clients served, and geographic areas served.

Attachment 6: Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 7: Proof of Non-Profit Status

One of the following documents must be included to prove non-profit status:

- a) A copy of a currently valid IRS Tax exemption certificate;
- b) A statement from a State taxing body, State Attorney General or other appropriate State official certifying that the applicant organization has a non-profit tax status and that none of the net earnings will be accrued for any private shareholders or individuals.

Attachment 8: Proof of Consultation with State Office of Rural Health or Other Appropriate Entity

Provide a letter signed by an official at the appropriate State Office of Rural Health (or other appropriate State entity) certifying that the applicant organization consulted with them in preparation of the application.

Attachment 9: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR TRCs THAT HAVE BEEN PREVIOUSLY FUNDED ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of previously funded applicants are considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually

funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.

- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 10: Request for Funding Preference or Priority

In awarding grants under subsection 330 I(d)(2) for projects involving TRCs, the Secretary shall give preference to an eligible entity that meets at least one of the requirements.

To receive a funding preference, include a statement that the applicant organization is eligible for a funding preference, requesting the preference, and identify the applicable preference. Include documentation of this qualification.

Applicable funding preferences include:

- 1) Provision of Services: The eligible entity has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.
- 2) Collaboration of Sharing Expertise: The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.
- 3) Broad Range of Telehealth Services: The eligible entity has a record of providing a broad range of telehealth services, which may include:
 - A variety of clinical specialty services;
 - Patient or family education;
 - Health care professional education; and
 - Rural residency support programs.

Attachments 11: Copy of Indirect Cost Rate Agreement

The Indirect Cost Rate Agreement must be dated and not expired.

Attachments 12-15: Other Relevant Documents

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

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's SF-424 Application Guide.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is March 6, 2016 *at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

TRCGP is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

Information on States affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants_spoc.

See Section 4.1 ii of HRSA's SF-424 Application Guide for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of one year at no more than \$325,000 per year for all TRCs.

Funds under this announcement may not be used for the following purposes:

- To acquire real property;
- For expenditures to purchase or lease equipment to the extent that the expenditures would exceed 40% of the total award funds;

- In the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifier or digital switching equipment);
- To pay for any equipment or transmission costs not directly related to the purposes of the award;
- To purchase or install general purpose voice telephone systems;
- For construction; or
- For expenditures of indirect costs to the extent that the expenditures would exceed 15% of total award funds.

The General Provisions in Division H, of the Consolidated Appropriations Act, 2016 (P.L. 114-113), apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Telehealth Resource Center Grant Program has six (6) review criteria:

Criterion 1: NEED (10 points) Corresponds to Section IV's Introduction and Needs Assessment

Reviewers will assess the extent to which applicants display a clear understanding of the needs of the region for telehealth technical assistance services.

- The extent to which the application demonstrates the availability and advancement of telehealth services within the proposed region.
- The extent to which the application provides sufficient evidence including quantitative data demonstrating the demand for the proposed TRC technical assistance services from the community, end users, and potential beneficiaries.
- The extent to which the application adequately addresses the actual and potential relevant barriers that Telehealth projects face in the region (e.g., specific legislative or regulatory

issues, specific reimbursement challenges, technical infrastructure challenges, and organizational challenges).

- The extent to which the application demonstrates how applicants track the market to address changes in the demand for the TRC's services.
- For NTRC, applicants must specify the major policy or technology (NRTC) challenges facing the telehealth community, both at the National, State, and Regional levels.

Criterion 2: RESPONSE (35points) Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

Reviewers will assess the extent to which applicants describe their response to the needs identified and the strategy they will use to provide technical assistance to rural communities and HRSA grantees.

- The extent to which the proposed project displays a realistic, feasible approach to providing technical assistance, training, and support for health care providers that plan or are developing telehealth services.
- The appropriateness of activities proposed in light of the technical assistance needs in the region and the specificity with which the applicant proposes to address the major programmatic services and technical assistance delivery.
- The quality of the strategy proposed to identify and proactively target communities in need of technical assistance.
- The clarity of the approach of the applicant to deliver technical assistance to Telehealth Network Grant Program awardees and other rural communities including a description of the service delivery mode (one-to-one; peer-to-peer; and one-to-many).
- The strength of the description of the outreach tools to provide technical assistance including webinars, toolkits, workshop, focus groups, conferences, etc...
- The strength relevance and appropriateness of the data to document the unique qualifications the applicant organization to meet the challenges to the deployment of telehealth services that the region faces, including how the organization plans to address such challenges and identify the current distribution of telehealth programs in region.
- The ability of the proposed TRC to assist providers and organizations to establish a telehealth program, and serve as a resource for existing telehealth programs regarding changes in technology or other issues affecting telehealth in a state or a region. For NTRC applicants, the extent applicants can support RTRCs on a National level.
- The extent to which applicants clearly and effectively address the challenges outlined in the "Resolution of Challenges" sections of this funding announcement.
- The degree to which the applicant's will be able to engage in meaningful local and regional collaborations (and in the case of NTRCs, National partnerships/collaborations) to pursue their objectives and overcome the challenges that may arise as evidenced by past collaborations and those planned for the TRC.
- The extent to which any partners proposed to integrate into the operation of the TRC.
- The quality of the applicant's experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging telehealth programs and services.

- The extent to which applicants have involved representatives from the communities or populations served in the design and operation of the TRC.
- The specificity with which the applicant identifies all partners and their qualifications, experience, and roles/responsibilities in the project.
- The extent to which the applicant describes their strategy to share lessons learned and Best Practices with new and/or existing telehealth programs and other key stakeholders.
- The clarity of the work plan that will be used to achieve each of the activities proposed including the timeline, activity, goals and responsible staff.

Criterion 3: EVALUATIVE MEASURES (5 points) Corresponds to Section IV's Evaluation and Technical Support Capacity

- The appropriateness of the personnel completing program assessment and the effectiveness of the methods proposed to monitor and assess the project results.
- The extent to which the applicant demonstrates specific objectives to be achieved and measures by which the achievement can be measured.
- The extent to which the applicant describes obstacles and solutions to implementing the program assessment.
- The extent to which the TRC projects it will be able to sustain their activity once federal funding ceases.
- The extent to which the applicant can track the outcome of their services and determine if a new telehealth site or service was established due to the activities of the applicant.

Criterion 4: IMPACT (20 points) Corresponds to Section IV's Methodology and Work Plan

For RTRCs, the extent to which the applicant identifies specific approaches to assessing the impact of its services on improving access to telehealth services, the quality of those services, or reducing barriers to implementing those services. The extent to which sustainability of the TRC, once federal support for the project has ended, is incorporated into the work plan.

The strength of proposed work plan that demonstrates a realistic approach in addressing a myriad of requests for services in the face of limited resources and other challenges likely faced in establishing a TRC. The clarity and feasibility of set milestones and timetables to establish the TRC and implement proposed programs will be evaluated. The extent to which the applicant has provided strong analytic support, including quantitative data, with estimated volume of services anticipated in the first year.

The extent to which NTRC applicants have the experience at the National, State, and Regional level in addressing Telehealth policy concerns, with success, measured by impacts on those issues or policies.

Criterion 5: RESOURCES/CAPABILITIES (20 points) Corresponds to Section IV's Workplan, Organizational Information,

The extent to which project personnel are qualified by training and experience to provide telehealth technical service. The qualifications of the proposed personnel in light of the requirements of this program.

- The capabilities of the applicant organization, quality and availability personnel to fulfill the needs and requirements of the proposed project.

- For prior TRC recipients, the applicant's past performance which demonstrates the ability to plan rapidly, implement and support several institutions in several regions simultaneously.
- The extent to which the applicant has demonstrated its ability to provide technical assistance and leadership to rural and underserved communities.
- The extent to which the application demonstrates extensive experience in providing telehealth technical assistance services, as evidenced by the size of the program, the years of experience in providing services, and publications/documents demonstrating expertise.

The level of the experience of **NTRC** applicants based on their current portfolio and the extent to which they have provided technical assistance to a wide range of groups, including:

- State and National telehealth credentialing and privileging issues including impact from Centers for Medicare and Medicaid Services (CMS) regulations and policies; and issues regarding e-Prescribing;
- Medicare and Medicaid reimbursement and their impact on telehealth;
- National Telecommunications implications for telehealth and the policies of the Federal Communication Commission;
- State laws and licensure requirements;
- State and National policies and initiatives regarding telehealth and Electronic Health Records (EHRs); and/or
- Telehealth technology.

Criterion 6: SUPPORT REQUESTED (10 points) Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for the one-year project period in relation to the objectives, the complexity of the activities, and the anticipated results. The degree to which the budget narrative to provided for each line item explains all costs entered into the SF424A budget form.

The extent to which the budget:

- Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.
- Demonstrates the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
- Demonstrates realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
- Is complete and detailed in supporting each line item and allocating resources.
- Is realistic with regard to technical costs of hardware and software, and telecommunication charges.
- Conforms to the use of award dollars permitted by the program.

The review will be based on the applicant's budget information provided in Section IV.2.iii, including the Budget Justification in section IV.2iv.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#)

Distribution of Awards

Per Section 330I(j) of the PHS Act, HRSA will ensure, to the greatest extent possible, that equitable distribution occurs among the geographic regions of the United States as identified in the Purpose section. The highest scoring application for each proposed Region and for each National focus area will be selected for award..

Funding Preferences

The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee. The law provides that a funding preference be provided to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

“In awarding grants under subsection (d)(2) for projects involving telehealth resource centers, the Secretary shall give preference to an eligible entity that meets at least one (1) of the following requirements:”

Qualification 1: Provision of Services:

An applicant can request funding preference if:

The eligible applicant has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.

Qualification 2: Collaboration and Sharing of Expertise

An applicant can request funding preference if:

The eligible applicant has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the National, Regional, State, and local levels.

Qualification 3: Broad Range of Telehealth Services

An applicant can request funding preference if:

- 1) The eligible applicant has a record of providing a broad range of telehealth services, which may include-
 - A variety of clinical specialty services;
 - Patient or family education;
 - Health care professional education; and
 - Rural residency support programs.

3. Assessment of Risk

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System](#)

[\(FAPIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR [§ 75.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis. The Progress Report template will be provided by OAT and further information will be provided in the Notice of Award. Award recipients are expected to respond to requests for data and information from their project officer.

2) **PIMS (Performance Improvement Measurement System) Report.**

As required by the Government Performance and Review Act of 1993 (GPRA), the awardee must submit a PIMS report to HRSA on a semi-annual basis. This report provides standardized performance measures to evaluate the Telehealth Resource Center Grant Program recipients. More information will be made available to recipients after September 1, 2016.

3) **Final Report:** A final report is due within 90 days after the project period ends. The final report will collect information such as program-specific goals and progress on strategies; core

performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final report must be submitted on-line by recipients in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of reward.

4) **OAT Recipient Directory:** Applicants accepting this award must provide information for OAT's Recipient Directory Profiles. Further instructions will be provided by OAT. The current Telehealth directory is available online at: <http://www.hrsa.gov/telehealth>.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Sola Dada, Grants Management Specialist
Attn.: HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0195
Email: odada@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Monica M. Cowan
Public Health Analyst, Office for the Advancement of Telehealth
Attn: Funding Program
Bureau, HRSA
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0076
Fax: (301) 443-1330
Email: mcowan@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VII. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [*SF-424 Application Guide*](#).