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

Bureau of Clinician Recruitment and Service
Division of Policy and Shortage Designation

Primary Care Services Resources Coordination and Development

Announcement Type: Competing Continuation
Announcement Number: HRSA-14-001

Catalog of Federal Domestic Assistance (CFDA) No. 93.130

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: December 31, 2013

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.

Modified on 11/18/13 to Add Information on a 2nd TA Call information found on page 16

Modified on 11/13/13 to Add TA Call information found on page 16

Modified on 12/19/13 to indicate the Indirect Cost Rate Agreement will not count towards the page limit found on page 10

Release Date: October 31, 2013

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Authority: Public Health Service Act as amended, Title 3 Section 330(l), 330(m), 333(d)

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Clinician Recruitment and Service (BCRS) and the Bureau of Primary Health Care (BPHC) is accepting applications for fiscal year (FY) 2014 Primary Care Services Resource Coordination and Development Program. The purpose of this grant program is to improve primary care service delivery and workforce availability in the State or territory to meet the needs of underserved populations. This program is authorized under the Public Health Service Act as amended, Title 3, Sections 330 and 333, which provides for:

- assistance to Statewide organizations in the development and delivery of comprehensive primary health care service in areas that lack adequate numbers of health professionals or have populations lacking access to primary care; and
- technical and non-financial assistance to community-based providers of comprehensive primary and preventive care for underserved and vulnerable populations.

Funding Opportunity Title:	Primary Care Services Resource Coordination and Development
Funding Opportunity Number:	HRSA-14-001
Due Date for Applications:	December 31, 2013
Anticipated Total Annual Available Funding:	$11,000,000
Estimated Number and Type of Award(s):	54 grant(s)/cooperative agreement(s)
Estimated Award Amount:	Up to $444,379 per year
Cost Sharing/Match Required:	No
Length of Project Period:	5 years
Project Start Date:	April 1, 2014
Eligible Applicants:	Eligible applicants include any State or territory, State agency, or other statewide public or nonprofit entity that operates solely within a state or U.S. territories. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

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/.

Table of Contents

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Primary Care Services Resource Coordination and Development program.

The Primary Care Services Resource Coordination and Development Program is intended to facilitate the coordination of activities within a state that relate to the delivery of primary care services and the recruitment and retention of critical health care providers. This includes working with other agencies within the state government, as well as organizations outside of the state government whose policies affect health care services. This program does not support the direct delivery of services. The purpose of this funding opportunity is to support states and territories in addressing the following overarching goals:

1. Statewide Primary Care Needs Assessment
2. Shortage Designation Coordination
3. Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care

2. Background

This program is authorized by Title III of the Public Health Service Act as amended, §330(l), 330(m), 333(d).

The Primary Care Services Resource Coordination and Development Program has operated under cooperative agreements for more than 25 years. Present individual award amounts are primarily based on historical amounts. In FY 2011, $1 million of program funding was allocated via a workload methodology based on the number of Health Center Program grantees. Over the last decade, the number of Health Center Program grantees, look-alikes and HPSA/MUA designations in each state has changed. Given this shift in workload and the methodological approach established with the distribution of $1 million in FY 2011, the applicant's funding levels for FY 2014 –FY 2018 will be based on the suggested methodology as outlined in the Summary of Funding section below.

The recipients of this funding will become vital partners in enabling HRSA, BCRS, and BPHC to achieve the mission of improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA, BCRS and BPHC are committed to continuing to seek ways through which strong partnerships can be maintained and strengthened to assist in expanding access to quality health care for all.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include**:

1) Providing consultation in the planning, development, and evaluation of the work plan under the Cooperative Agreement;
2) Participating, as appropriate, in workgroups conducted during the period of the Cooperative Agreement;
3) Monitoring the activities of the work plan through progress review, meetings, and teleconferences.
4) Serving as the final authority on National Health Service Corps (NHSC) Site Applications and all shortage designation actions.

The cooperative agreement recipient's responsibilities shall include:

1) Completion of activities proposed in response to application review criteria listed in Section V of this application.
2) Participation in face-to-face meetings and conference calls with the federal Project Officer conducted during the period of the cooperative agreement.
3) Collaboration with the federal Project Officer on ongoing review of activities, procedures and budget items.
4) Conduct statewide analysis of unmet need, disparities, and health workforce issues.
5) Coordinate the Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps) designation process within the state to ensure consistent accurate assessment of underservice including data collection, verification, and analysis as applicable.
6) Provide technical assistance and collaboration to expand access to primary care including: coordination of the NHSC and NURSE Corps programs and provider recruitment and retention; collaboration with Health Center planning and development; and collaboration with other HRSA partners and organizations to support access to primary care services.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2018. Approximately $11 million is expected to be available annually to fund fifty-four (54) recipients. Applicants may apply for a ceiling amount of up to $444,379 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for Primary Care Services Resource Coordination and Development Program in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

As referenced in the Background section, the following is a suggested funding methodology in which each awardee has a base annual funding amount of $150,000 per year plus workload funding amount whereas:

Annual Funding Amount = Base Funding + [(Total Workload Funding) x (Workload Units/Total Workload Units)]

- *Base Funding* is $150,000 x 54 recipients = $8,100,000
- *Total Workload Funding* is $11,000,000 – $8,100,000 = $2,900,000
- *Workload Units* include the total number of Health Center Program grantees and look-alikes as of June 27, 2013; and HPSAs in a given state as published in the Federal Register June 27, 2013.
- *Total Workload Units* include the total number of all *Workload Units* for each of the 54 +

For example, using the suggested funding methodology, a state with 100 Health Centers, look-alike Sites and HPSAs (not including automatic facility HPSAs) or 100 *Workload Units* might request the following in annual funding.

$150,000 + [$2,900,000 x (100/16,922)] = $167,137 Annual Funding

The table below lists the *Workload Units* and *Total Workload Units by State.*

Workload Units By State

State	Health Centers and Look- alike Sites	HPSAs	Total Workload Units
Alabama	178	137	315
Alaska	176	38	214
Arizona	171	167	338
Arkansas	99	102	201
California	1407	339	1746
Colorado	201	164	365
Connecticut	208	59	267
Delaware	19	16	35
District of Columbia	53	11	64
Florida	465	402	867
Georgia	193	275	468
Hawaii	83	22	105
Idaho	77	99	176
Illinois	582	300	882

Indiana	133	104	237
Iowa	90	153	243
Kansas	53	201	254
Kentucky	143	143	286
Louisiana	143	191	334
Maine	149	65	214
Maryland	149	83	232
Massachusetts	319	59	378
Michigan	221	176	397
Minnesota	82	159	241
Mississippi	190	175	365
Missouri	211	244	455
Montana	94	91	185
Nebraska	43	20	63
Nevada	36	69	105
New Hampshire	60	12	72
New Jersey	135	36	171
New Mexico	156	99	255
New York	649	228	877
North Carolina	216	158	374
North Dakota	18	103	121
Ohio	238	185	423
Oklahoma	81	109	190
Oregon	218	99	317
Pacific Basin	19	20	39
Pennsylvania	276	204	480
Puerto Rico	77	16	93
Rhode Island	51	10	61
South Carolina	189	139	328
South Dakota	46	87	133
Tennessee	212	170	382
Texas	431	573	1004
Utah	43	66	109
Vermont	59	1	60
Virginia	161	132	293
Virgin Islands	4	8	12
Washington	262	152	414
West Virginia	244	94	338
Wisconsin	109	179	288
Wyoming	17	39	56
Total for 54 PCOs	**9,939**	**6,983**	**16,922**

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any State or territory, State agency, or other statewide public or nonprofit entity that operates solely within a state or U.S. territories. They must provide state/territory-wide coverage of primary health care issues and represent or have relationships with the broad range of primary health care delivery systems and programs in the state. Eligible applicants also include public or private non-profit entities that are part of an established network representing the six U.S.-affiliated Pacific Basin jurisdictions (U.S. flag territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, and the three freely associated states of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

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.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at 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 funding opportunity announcement to do otherwise.

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 are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions
In addition to application requirements and instructions in Section 4 of *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*.

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 to Section V's Review Criteria #'s 1,2, and 4*
 This section should briefly describe the purpose of the proposed project. Applicants should briefly describe how they will address each of the three (3) Program Expectations:
  1. Statewide Primary Care Needs Assessment
  2. Shortage Designation Coordination
  3. Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care

 ▪ *NEEDS ASSESSMENT-- Corresponds to Section V's Review Criterion #1*
 This section outlines the needs of your state or territories. The target populations and their unmet health needs must be described and documented in this section. Demographic data should be used and cited whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project work will work to overcome. Include information about State/Federal programs, the political climate in the state or territory and other relevant issues that will help/hinder you in reaching the goals of this grant.

 Please include a description of plans to develop a **Statewide Primary Care Needs Assessment to AnalyzeUnmet Need, Disparities, and Health Workforce Issues**

 Each recipient is expected to conduct an overall statewide primary care needs assessment that identifies the communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identifies the key barriers to access health care for these communities.

The overall needs assessment would include (but not be limited to) identifying geographic areas and populations at county and subcounty levels that:

- Lack access to preventive and primary care services;
- Experience shortage of primary care, mental health, and dental providers;
- Experience key barriers to access to health care (i.e. waiting time, travel time);
- Demonstrate the highest need for health services, such as levels of poverty, infant mortality, low-birth weights, life expectancy, percent or number unserved and underserved, designation as a MUA/P or HPSA.

The overall needs assessment will be submitted to the BCRS DPSD. The overall needs assessment should be reviewed annually by the awardee, and updated to reflect any significant changes.

We anticipate further standardization in HPSA and MUA/P designation processes, based on the use of the Primary Care Service Areas (PCSAs) (http://datawarehouse.hrsa.gov/PCSA2007.aspx) or individual state or territory wide pre-defined Rational Service Areas (PRSA) plans. It is strongly encouraged that the needs assessment be based on PCSAs or PRSAs that could be the basis for shortage designation applications submitted to HRSA. States and/or territories that choose not to use PCSAs, and do not have a PRSA plan should provide a description of any past efforts to develop a PRSA plan as well as a timeframe for the development of a PRSA plan. States that currently use PCSA and/or PRSA plans should include a description of its utility to date.

In addition, provide a discussion of past and/or future plans to coordinate the collection of provider data with all licensing boards for health professionals in the state or other appropriate organizations.

As part of the needs assessment, the recipient should meet with the Primary Care Association (PCA) and other entities on a regular basis to review and update assessment.

Data developed under the Needs Assessment activities should be used to support activities for Shortage Designation Coordination.

- *METHODOLOGY-- Corresponds to Section V's Review Criteria #'s 2 and 4*
  This section provides a comprehensive narrative description of all aspects and activities of the proposed program. It should be succinct, self-explanatory, and well organized so that reviewers can clearly understand the proposed project. Awardees are expected to sustain key elements of their grant projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population(s).

  Applicants should address the following activities in this section:

  1.   Shortage Designation Coordination

  Based on the Statewide Needs Assessment, an applicant will be required to coordinate the HPSA and MUA/P designation process within the state to ensure consistent and

accurate assessment of underservice, including data collection, verification, and analysis as applicable. While private entities and individuals may submit requests directly to the BCRS/DPSD, the awardee is expected to coordinate all shortage designation requests including the following:

- Provide technical assistance to organizations or communities about the designation process;
- Update existing and apply for new HPSA and MUA/P designations as needed;
- Ensure that designation applications are supported with the most up-to-date and appropriate data; and
- Proactively seek designations for areas and populations with access to care barriers as demonstrated by primary care, dental, or mental health provider shortages or other high need indicators as detailed in the HPSA regulations.
- Maintain knowledge of how to submit complete and accurate HPSA and MUA/P designation applications using current procedures.
- Participate in DPSD training programs (in conjunction with awardee meetings or other meetings) or distance learning training (web-based training modules, videoconferences, etc.) as deemed appropriate by DPSD staff. Upon implementation of any new designation methodology, participation in updated training will be required.

2. **Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care**

   2a. Coordination of NHSC Program and Provider Recruitment and Retention:

   - Support outreach and education that encourages participation in BCRS programs, which will help sites recruit providers to work in underserved areas of the State. Efforts may include, but not be limited to, distributing program information by BCRS, speaking about the BCRS programs at schools in state, and distributing program materials at public events.
   - Offer technical assistance to potential and current NHSC sites in the pre-application phase of submitting an NHSC Site Application.
   - Maintain knowledge and capacity to review NHSC Site Application for merit (community support and need for site in the area) and completeness (including required supporting documentation and HPSA designation), as appropriate and desired. (Note: Final documentation on site approval rests with HRSA).
   - Coordinate and collaborate with other state agencies and state recruitment efforts to incorporate resources including NHSC Scholars, Loan Repayors, and State Loan Repayors, and/or other scholar and loan repayment programs) into the state's strategy to increase the number of health professionals serving in HPSAs and MUA/Ps.

   2b. Collaboration in Health Center Planning and Development:

   - Collaborate with the state PCA and other interested entities by providing information to assist in the development of new and expansion of existing health centers in the State.

- Serve as the point of contact to the PCA and other entities for access to and use of relevant statewide and sub-county data to support applications for new and expanded capacity of health centers.
- Facilitate the ability of PCAs and other entities to work with various divisions of the State Health Department to obtain data needed to educate leaders about unmet needs and the role of health centers and the safety net in addressing these needs, as well as the sustainability needs of health centers.
- Work with PCA, State Offices of Rural Health (SORH), Area Health Education Centers, and other entities to seek ways through which partnerships can be maintained and strengthened to assist with the growth and support of health centers and to encourage the provision of quality care.
- Work with PCA, SORH, and other entities to develop reciprocal mechanisms of communication, information dissemination, follow-up, and referral to organizations seeking 330 and other funding opportunities.

2c. Collaboration with Other HRSA Partners and Organizations to Support Access to Primary Care Services

- Collaborate with other HRSA-supported entities, (e.g., the state PCA, the SORH, and other appropriate entities) to provide technical assistance to communities and organizations interested in expanding access to care and to maximize the effectiveness and impact of activities through formal linkages with diverse entities working to strengthen the safety net in the state/region.
- Collect, maintain, and report on the number of J-1 visa waiver clinicians and other similar programs practicing in the state.
- Support and enhance access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

- *WORK PLAN-- Corresponds to Section V's Review Criteria #'s 2 and 4*
  The applicant's work plan must be aligned with the intent and goals of the Primary Care Services Coordination and Development Program during the entire project period. Describe the steps that will be used to achieve each activity proposed in the methodology section. The work plan is a matrix that carefully integrates goals, objectives, activities, outputs and how the output will be measured. The matrix outlines the individual(s) responsible for carrying out each activity and includes a project timeline and should provide an accompanying narrative that describes how the goals and activities in the matrix will be accomplished. Project objectives must be specific, measurable, achievable, relevant and timely.

- *RESOLUTION OF CHALLENGES-- Corresponds to Section V's Review Criterion #2*
  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 to Section V's Review Criterion #3*
  Applicants must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation

should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development and service delivery. Specify what data will be collected, the method for collecting the data, the manner in which data will be reported and analyzed, and what personnel will be involved with these activities. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- *ORGANIZATIONAL INFORMATION-- Corresponds to Section V's Review Criterion #5*
  Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

iii. Budget and Budget Justification Narrative

In addition to the instructions in Section 4.1.iv and v. of HRSA's *SF-424 Application Guide* the Primary Care Services Resource Coordination and Development Program requires the following:

An approved Indirect Cost Rate Agreement must be included in the budget but it will not count towards the 80 page limit.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6),* apply to this program. These provisions include a salary rate limitation. Please see Section **4.1.iv Budget – Salary Limitation** of HRSA's *SF-424 Application Guide* for additional information.

Although there may be variations from the general funding method described in the Summary of Funding section above, the applicant's budget should closely align with the general method suggested. Please note that budget requests can be submitted for less than amount generated by the suggested methodology.

iv. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a

continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan
 Attach the Work Plan for the project that includes all information detailed in
  Section IV. 2. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1. of the HRSA's *SF-424 Application Guide)*
 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 for persons 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 is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
 Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart
 Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.
 To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 7: For Multi-Year Budgets--Fifth Year Budget
 After using columns (1) through (4) of the SF-424A Section B for a five-year project period, the applicant will need to submit the budgets for year 5 as an attachment. Please use the SF-424A Section B.

Attachment 8: Summary Progress Report
 A well written accomplishment summary provides a record of past accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully 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. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** 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.

Attachments 9 – 15: Other Relevant Documents
Include here 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.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is *December 31, 2013 at 11:59 P.M. Eastern Time*.

4. Intergovernmental Review

The Primary Care Services Resource Coordination and Development Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years at no more than $444,379 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6),* apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information.

All program income generated as a result of awarded grant 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.

Review Criteria are used to review and rank applications. The *Primary Care Services Resource Coordination and Development Program* has *six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV, 2. ii's NEEDS ASSESSMENT
This criterion examines the extent to which the application clearly:
1. Demonstrates the extent of the State's underserved areas or populations and factors resulting in underservice.
2. Identifies and describes the purpose and need for grant support for this project including relevant data.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV, 2. ii's INTRODUCTION, METHODOLOGY, and WORK PLAN
The extent to which the proposed project responds to the "Purpose" included in the program description.
1. The work plan should clearly articulate and address the specific program expectations outlined in the program narrative section.
2. The extent to which the activities described in the application are related to and address access to health care for the underserved and successfully accomplish the project objectives.
3. The extent to which the applicant demonstrates knowledge of the array of primary care access and delivery issues, services, and organizations working throughout the State to address these needs, and how the applicant will coordinate and collaborate with these existing efforts.
4. Objectives have specific outcomes which are measureable, attainable, and include timeframes which are within the project period .

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV, 2. ii's EVALUATION AND TECHNICAL SUPPORT CAPACITY
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) a clear, practical, and viable work plan including timeframes and proposed outcomes; and 2) clear links of project activities to the project objectives and outcomes.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV, 2. ii's INTRODUCTION, METHODOLOGY, and WORK PLAN
Extent to which the activities described clearly contribute to the accomplishment of each objective.

1. The extent to which the proposed activities are reasonable given the level and experience of staff, resources available, and length of the project period to the project objectives and outcomes.
2. The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV, 2. ii's ORGANIZATIONAL INFORMATION
The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.
1. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
2. The program's personnel experience and success in working with State policies and resources in addressing primary care needs of the underserved.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV, 2, iii's Budget and Budget Justification Narrative
A budget plan that outlines an effective and efficient use of grant funds and resources to successfully carry out the project is provided.
1. A clear and detailed line item narrative justification to support the need for each overarching goal is provided for each year of funding requested.
2. The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.
   a. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the work load and scope of work.
   b. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 Application Guide*.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of April 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of April 1, 2014. 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:

Annual Progress Report.
For each year of this cooperative agreement, an annual progress report on work plan activities accomplished during the budget year will be due in EHBs and report guidance will be provided at a later date.

For each year of this cooperative agreement, the Performance Measures Reporting Period will capture twelve (12) months of activities starting April 1, 2014 and ending on March 31, 2015 for year one. Submission of Performance Measure Reports into EHBs will be required and guidance on due dates will be forthcoming.   An email notification will be sent from EHBs as a reminder that a report is due, including instructions on how to provide the report through the EHB system. Further reporting guidance including performance measures will be provided in a future date.

The awardee must submit a Federal Financial Report (FFR) no later than July 30 of each year of the cooperative agreement. The first one would be due no later than July 30, 2015. The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs).

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

Marc Horner, Grants Management Specialist
Division of Grants Management Operations
OFAM, HRSA
Parklawn Building, Room 11-103
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4888
Fax: (301) 443-6686
Email: mhorner@hrsa.gov

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

Judy Humphrey, Program Coordinator
Division of Policy and Shortage Designation
BCRS, HRSA
Parklawn Building, Room 9A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2309

Fax: (301) 443-4370
Email: jhumphrey@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: http://grants.gov/iportal

Successful applicants/awardees 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
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The technical assistance webinar will be held on November 14, 2013 from 2-3 PM Eastern Time. The Call-in Number is 800-857-9369 and the pass code is 6839104. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional. A questions and answers document as well as a replay of the call will be posted at www.hrsa.gov/grants/apply/assistance/pco/ shortly after 2PM ET on November 14, 2013 and remain available until close of business December 31, 2013.

To finish the TA call from November 14, 2013, an additional TA call has been scheduled for Thursday, November 21, 2013 from 2-3 PM Eastern Time. The Call-in Number is 800-857-9369 and the pass code is 6839104.

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's *SF-424 Application Guide*.