

U.S. Department of Health and Human Services



Federal Office of Rural Health Policy
Community-Based Division

Rural Public Health Workforce Training Network Program

Funding Opportunity Number: HRSA-22-117

Funding Opportunity Type: New

Assistance Listings (AL/CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Application Due Date: March 18, 2022

Ensure your [SAM.gov](#) and [Grants.gov](#) registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: December 17, 2021

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c(f) (§ 330A(f) of the Public Health Service Act); Section 2501 of the American Rescue Plan Act of 2021 (P.L. 117-2)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 for the Rural Public Health Workforce Training Network Program. The purpose of this program is to expand public health capacity by supporting health care job development, training and placement in rural communities. HRSA will support rural health networks (which may be composed of, but are not limited to, minority-serving institutions, community colleges, technical colleges, rural hospitals, community health centers, nursing homes and substance use providers) to address the critical need for more trained health professionals, which has been amplified by the COVID-19 pandemic .

Funding Opportunity Title:	Rural Public Health Workforce Training Network Program
Funding Opportunity Number:	HRSA-22-117
Due Date for Applications:	March 18, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$47,895,000
Estimated Number and Type of Awards:	Up to 31 grants
Estimated Annual Award Amount:	Approximately \$1,545,000 will be available for the three-year period of performance. Award recipients will receive the full award amount in the first year of the period of performance and are required to allocate funds across all three years.
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2025 (3 years)

<p>Eligible Applicants:</p>	<p>(A) Shall be a domestic public or private, non-profit or for-profit entity with demonstrated experience serving, or the capacity to serve, rural underserved populations. This includes faith-based, community-based organizations, tribes, tribal organizations; and</p> <p>(B) Shall represent a network composed of participants – (i) that include at least three or more health care provider organizations (including the applicant organization); and (ii) that may be rural, urban, nonprofit or for-profit entities, with at least 66 percent (two-thirds) of network members located in a HRSA-designated rural area; and</p> <p>(C) Shall not previously have received a grant under this subsection for the same or similar project unless the entity is proposing to expand the scope of the project or the area that will be served through the project.</p> <p>See Section III.I of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#), available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, January 5, 2022

Time: 1 – 2 p.m. ET

Call-In Number: 1-833-568-8864

Participant Code: 86083981

Meeting ID: 161 940 7343

Weblink: <https://hrsa.gov.zoomgov.com/j/1619407343?pwd=aW81ci9NRU5tbFBGYlkzUnFIT1Jydz09>

HRSA will record the webinar. Please contact RPHWTNP@hrsa.gov for playback information.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Public Health Workforce Training Network Program (RPHWTN).

The purpose of this program is to expand public health capacity by supporting health care job development, training and placement in rural and tribal communities. The expected impact of this program is to enhance clinical and operational capacity in order to adequately address the population health needs of rural communities affected by COVID-19, including those dealing with the effects of long COVID¹. The RPHWTN program addresses the ongoing critical need in health care facilities for trained public health professionals serving rural communities. This is done through the establishment of networks to develop formal training/certification programs in order to help professionals in the following workforce training tracks:

Track #1 - Community Health Support

Track #2 - Health IT and/or Telehealth Technical Support

Track #3 - Community Para-Medicine

Track #4 - Case Management Staff and/or Respiratory Therapists

One of the central elements of the RPHWTN Program is to create stronger linkages between training programs and the health care entities that will ultimately employ or rely on these public health professionals. The four tracks selected for this program focus on activities that have direct benefits to the participating hospitals and clinics. For example, this includes workforce training directly related to the institution's operations. It also includes workforce training and support related to case management, care coordination and population health while also aligning with broader goals related to value-based care.

Economic and health disparities, in addition to inadequate availability of rural health professional training sites, make it challenging to maintain a strong health care workforce in rural communities. As such, another important element of the RPHWTN Program is to develop workforce training programs that will promote diversity and inclusion in the workforce, which can help advance health equity in the community.^{2,3}

The RPHWTN Program goals are to:

- 1) Establish a strong network of local health care and social service providers and educational institutions to create training programs focused on addressing the rural workforce needs in four critical public health tracks.

¹ www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html (Accessed on 11/29/21)

² <https://www.nga.org/center/publications/creating-a-more-equitable-workforce-system-opportunities-for-governors-and-states/> Accessed on 10/6/21.

³ Achieving Equity in and Evolving Healthcare System: Opportunities and Challenges. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724388/> Accessed on 10/6/21

- 2) Develop innovative workforce approaches to expand health care capacity affected by COVID-19 (including long COVID), such as cross-training (new and current) staff to help support business operations and equipping public health professionals with the skills to engage in population health.
- 3) Identify formal and sustainable pathways with rural health facilities to eventually employ or rely on the public health professionals who complete the RPHWTN funded training/education to obtain high-quality, good-paying jobs.
- 4) Design or expand culturally and linguistically appropriate workforce trainings that will enhance the competency of the rural health workforce in order to improve health care in rural communities.
- 5) Develop approaches in training current/existing staff to maximize their clinical/operational capacity.

Important: For more details, see [Program Requirements and Expectations](#). This section contains additional information related to each track as well as general program requirements and expectations.

2. Background

This program is authorized under 42 U.S.C. § 254c(f) (§ 330A(f) of the Public Health Services Act) and funded by Section 2501 of Public Law 117-2 (American Rescue Plan Act of 2021).

This authority directs the Federal Office of Rural Health Policy (FORHP) to support awards for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). The Act provides additional relief to address the continued impact of the Coronavirus Disease 2019 (COVID-19) pandemic on the economy; public health; state, tribal, local, and territorial (STLT) governments; individuals; and businesses.

To support the COVID-19 response, this program will train a range of health care workers to fill in-demand professions affected by the pandemic.⁴

COVID-19 has changed the way health care is being delivered. For example, when telehealth flexibilities were granted at the beginning of the COVID-19 pandemic, providers and care teams increasingly turned to telehealth as a way to deliver both

⁴ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/08/13/fact-sheet-biden-administration-takes-steps-to-address-covid-19-in-rural-america-and-build-rural-health-back-better/>, Accessed on 9/7/2021

clinical and non-clinical services. As those telehealth efforts increase, there is a need to have staff available to support the technology and to work with patients and care teams to troubleshoot issues and ensure the best leveraging of this technology.⁵

Community paramedicine has also emerged as a way to help fill a gap left in rural health care due to the pandemic. When the FORHP funded a Rural Community Paramedicine Summit in February 2021, participants shared that there were opportunities for community paramedicine to provide care such as medication and home safety checks.⁶ However, in the absence of proper staff training and actual staff to fill such roles, it will be challenging to expand this model's potential to enhance rural public health capacity.

With higher rates of chronic disease and lack of access to care in rural communities, community health workers (CHWs) have also helped address gaps in the wake of the pandemic⁷. Additionally, CHWs have helped improve community health outcomes and lower costs for patients and health systems.⁸ By cross-training CHWs into areas that link to key business and clinical operations, this strategy can help lead to more impactful ways to serve the rural communities.

COVID-19 has had a considerable effect on social determinants of health.⁹ Understanding the social needs is critical because of the health disparities associated with larger prevention and treatment efforts. By focusing on case management, this strategy can help mitigate the impacts of social determinants of health as well align with larger value-based care efforts that seek to better manage the broader needs of patients that go beyond the clinic walls.

Rural communities are more likely to face workforce shortages and challenges.¹⁰ Over the next decade, it is projected that the demand for allied health workers, for example, will continue to increase, which will necessitate a workforce that is trained and prepared to meet these needs.¹¹ The majority of rural areas do not have the adequate workforce supply to meet their population needs, especially in health care facilities. This lack of access to care has played a key role in the growing health inequities that result in a disproportionate increase in disease and death rates among minority populations in rural communities.¹² Additionally, rural Americans face more health disparities and are

⁵ <https://pubmed.ncbi.nlm.nih.gov/25066067/> (accessed on 11/30/21)

⁶ National Rural Health Resource Center, Implementing and Sustaining Rural Community Paramedicine, <https://www.ruralcenter.org/resource-library/implementing-and-sustaining-rural-community-paramedicine>, Accessed on 9/6/2021

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7764816/> (accessed on 11/30/21)

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5767191/> (accessed on 11/30/21)

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7234789/> (accessed on 11/30/21)

¹⁰ National Rural Health Association (NRHA) policy brief [Health Care Workforce Distribution and Shortage Issues in Rural America](#), Accessed on 9/6/2021

¹¹ Health Resources and Services Administration, Bureau of Health Workforce, *Allied Health Workforce Projections, 2016-2030: Community Health Workers*. 2019. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/allied-health>

¹² <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/publications/cogme-rural-health.pdf>. Accessed on 9/7/2021

at greater risk of death from the five leading causes than urban Americans¹³. Although a broad array of factors contributes to health inequities and disparities, increasing rural workforce capacity and improving job quality to address recruiting and retention is one strategy to bridge this gap.

In order to address this growing rural health workforce disparity, this program is an opportunity for organizations to come together and utilize a network approach to bridge a workforce need. HRSA has funded networks as a strategy to bring rural health community partners together to address local challenges, and help rural partners achieve greater collective capacity to overcome challenges related to limited economies of scale for individual hospitals, clinics or other key rural health care stakeholders.

By using a network approach, the RPHWTN Program aims to bring together different sectors to leverage their collective strengths to target four key critical workforce training tracks. Additionally, this program supports the training and placement of public health professionals in critical administrative and health care roles and creates multiple pathways for students/trainees/professionals to eventually work at rural health care facilities in their new/expanded role(s).

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$47,895,000 in FY 2022 to fund 31 award recipients. The period of performance is August 1, 2022 through July 31, 2025. You may apply for a ceiling amount of up to \$1,545,000 total cost to cover three years (includes both direct and indirect, facilities and administrative costs).

This a one-time funding opportunity with no expectation of additional federal funds after the performance period ends.

Award recipients **will receive the full award amount in the first year** of the three-year period of performance, and must allocate the award funding across each of the three years. Additionally, recipients must submit a budget and budget narrative for **each** of the three years of the period of performance. While you must distribute the funding across each of the three years, the budget does not need to be evenly split across the three-year period of performance, and can vary based on your community's needs.

¹³ <https://www.cdc.gov/ruralhealth/about.html>

Applicants should ensure that they also budget appropriate amounts to ensure collection of performance data that will be used to quantify the impact of the program.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

See HRSA [Grants Policy Bulletin 2017-03 Indirect Cost Rate Agreements in the NOFO](#).

Limitations on Indirect Cost Rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition, and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Applicant Organization Requirements:

Eligible applicant organizations shall be domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations. The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations. Applicants should list the rural areas (counties) that will be served. Proposed counties should be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. The applicant organization should also describe their experience and/or capacity serving rural populations in the **Project Abstract** section of the application. **It is important that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through their proposed project, as this will be one of the factors that will determine the applicant organization's eligibility to apply for this funding.**

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

The applicant organization shall represent a network composed of three or more health care provider organizations, including the applicant organization. Urban applicants should ensure a collaborative network with shared local control from the partnering rural communities. **HRSA requires at least sixty-six percent (66%), or two-thirds of the consortium composition involved in the proposed project be located in a HRSA-designated rural area**, as defined by the [Rural Health Grants Eligibility Analyzer](#). When the applicant organization and consortium members are located in an urban area, the activities and services of the consortium must be provided in a non-metropolitan county or rural census tract. Proposed rural counties should be fully rural. For partially rural counties, please include the rural census tract(s) in the **Project Abstract**.

The applicant organization should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities. HRSA requires that urban applicants describe the geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served. The applicant organization must have demonstrated experience serving, or the capacity to serve, rural underserved populations, and describe the experience and/or capacity in the **Project Abstract**.

In addition to the 50 U.S. states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements

The applicant organization shall be part of a group of entities that have committed to forming a network or are part of an established network (see below for network specification requirements).

NOTE: If the applicant organization shares the same EIN as its parent organization or organizations within the same network are proposing different projects, and the applicant is eligible, then the applicant may request an exception in **Attachment 12**.

Please see [Exceptions section](#) for additional details.

Network Specification Requirements:

For the purposes of this program, a network is defined as an organizational arrangement among at least three separately owned, non-profit and for-profit, public or private health care providers in which each member has its own EIN number and has a substantial role in the project. The network must maintain at least three separate and different health care provider organizational members throughout the entire period of performance. For large health systems that share an EIN across multiple rural and/or urban sites, you must request an exception in **Attachment 12**.

While network members may be located in rural or urban areas, we recognize that rural-urban partnerships can sometimes lead to the underrepresentation of rural needs.

Therefore to encourage rural issues to remain programmatic priorities, HRSA requires that **at least sixty-six percent (66%), or two-thirds of the consortium composition involved in the proposed project be located in a HRSA-designated rural area**, as defined by the [Rural Health Grants Eligibility Analyzer](#).

Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project.

Given the complex and multifaceted nature of this program, network members should come from multiple sectors and disciplines. Examples of potential network members include, but are not limited to:

- Health care providers, such as:
 - Critical access hospitals or other hospitals;
 - Rural health clinics;
 - Local or state health departments;
 - Federally qualified health centers; and
 - Nursing homes.
- Educational Institutions
- Community Action Agencies, Chambers of Commerce, Health Equity Councils, and other community groups
- Labor unions
- Worker organizations
- State or Local Workforce Development Boards
- Area Health Education Centers
- State Offices of Rural Health
- State Rural Health Associations
- Temporary Assistance for Needy Family Administering Offices and/or Recipients

NOTE: Special consideration will be given to applicants that have a signed [Memorandum of Agreement or Understanding \(MOA/U\)](#) with all network partners at the time of application; additional information can be found in [Section V.2](#). An MOA/U helps to clearly identify and outline each network partner's responsibilities and expectations to achieve already identified and agreed upon project/work plan objectives. As noted in a recent publication, establishing formal partnerships through an MOA/U helps to ensure

that collaboration and coordination efforts withstand potential organizational changes.¹⁴ Given the specialized nature of workforce development, training and placement, network partnership, active engagement and support from all partners will be critical to the long-term success of the program and may also provide opportunities to achieve increased economies of scale. For those applicants who cannot obtain a signed MOU/A from all network partners at the time of application, a letter of commitment is required to be submitted in order for the applicant organization to be considered for this award. If funded, award recipients who submitted a letter of commitment with their application will be expected to submit an MOA/U within six months of the project period.

Geographic Requirements:

Network members may be located in urban or rural areas, but all activities supported by this program must exclusively be implemented in HRSA-designated rural counties or rural census tracts in urban counties and the network overall must be representative of rural entities. Please check [HRSA's Rural Health Grants Eligibility Analyzer](#) tool to see if a county/tract is considered rural.

Exceptions:

Tribal exception: HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA-designated rural area is necessary to meet the consortium requirements. Tribes and tribal entities under the same tribal governance must still meet the consortium criteria of three or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles and responsibilities in the project, and commitments of each consortium member. Please refer to **Attachment 12** for additional information on this exception.

Multiple EIN exception: In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the health care industry and the possibility that health care organizations may share the same EIN as its parent organization. As a result, at HRSA's discretion, multiple health care organizations that share the same EIN as its parent organization or, organizations within the same consortium who are proposing different projects are eligible to apply by requesting an exception. Please refer to **Attachment 12** for information on how to request an exception to this policy.

¹⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, *A Guide for Rural Health Care Collaboration and Coordination*. <https://www.hrsa.gov/sites/default/files/hrsa/ruralhealth/reports/HRSA-Rural-Collaboration-Guide.pdf>, Published August, 2019.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Notifying your State Office of Rural Health

By statute, all applicants are required to notify their State Office of Rural Health (SORH) or equivalent (state appropriate entity) of their intent to apply to this program. A list of the SORHs can be accessed at: <https://nosorh.org/nosorhmembers/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 1** a copy of the letter or email sent to the SORH, and any response received to the letter, which was submitted to the SORH describing their project.

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide consultation to you regarding model programs, data resources, and technical assistance for consortiums, evaluation, partner organizations, or support of information dissemination activities. If you do not receive a response, please include the original letter of intent requesting the support.

Applicants located in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau that do not have the functional equivalent of a SORH are nevertheless eligible to apply.

SORHs responding to this notice as the applicant organization must provide an attestation in **Attachment 1** that there is no conflict of interest and other applicants were not prejudiced. This attestation must clearly show that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Form Alert: For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error”, you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-117 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s SF-424 [R&R Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-117, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-117 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 13: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\)](#) website.

Program Requirements and Expectations:

Workforce Training Tracks:

- (A) Applicants must select at least one workforce training track and can select additional workforce training track(s) as long as they can demonstrate the need and have the capacity to do so.
- (B) Applicants must establish a network to develop and implement workforce activities that will directly impact at least one of the following four workforce training tracks and respective area(s) of need.

Track #1 - Community Health Support:

For the purposes of the RPHWTN program, track #1 is limited to “Community Health Workers (CHW)”, which is defined¹⁵ broadly to include additional disciplines (See [Appendix A: Glossary](#) for ‘CHW’ definition). Proposed projects in Track #1 must meet this CHW definition. This track is not intended for training individuals who are seeking or already have a doctoral or graduate degree.

Area of workforce training need: HRSA **requires** that proposed projects in Track #1 must focus on cross-training in high value areas to improve operational and clinical capacity. Cross training must be focused in coding and billing, serving as an electronic health record scribe/chart support, health and human service coordination, peer recovery support, crisis intervention services, benefits counseling and health promotion. Other areas of cross-training may be considered as long as it still meets the intent of demonstrating value back to the clinical organization.

The intent with this cross-training approach is to show value back to the participating hospitals and clinics by linking to activities that either assist the financial operations of the facility (e.g., enhancing coding and billing, ensuring that more uninsured patients obtain coverage) or improve the hospitals and clinics ability to focus on population health by meeting the broader human and social service needs of their patients, especially those impacted by long COVID-19. This would also have the effect of aligning with value-based health care models. In both of those cases, the intent is to enhance the likelihood of developing sustainable workforce models. HRSA encourages innovative approaches to integrate these traditional CHWs into more formal parts of the health care workforce through cross-training in multiple areas in order to improve operational and clinical capacity.

¹⁵ For the purposes of the RPHWTN program – Track #1, Community Health Workers include: 1) individuals who are lay members of the community who work with the local health care system and share similarities and experiences with the community members they serve – they have been identified by many titles such as ‘promotores(as) and community health advisors; or 2) individuals from the following disciplines: doulas, peer recovery specialists, behavioral health technicians, medical assistants and/or dental assistants/hygienists.

Doulas' areas of need: With higher infant mortality rates and limited access to obstetric and maternal services in rural areas, HRSA encourages applicants to consider strategies to incorporate doulas into rural maternal care; for example, how doulas' role can be utilized in high-risk pregnancies and how they can be leveraged to help link pregnant patients to broader social and mental health services to encourage enhanced outcomes. Doula-assisted mothers were four times less likely to have low birth weight baby and two times less likely to experience a birth complication.¹⁶

Required cross-training activities (at a minimum) and allowable costs include, but are not limited to:

- Designing and conducting training to provide benefits counseling (e.g., helping to assess whether the patients they work with are eligible for either Medicaid, the Children's Health Insurance Program (CHIP), or private-sector Marketplace plans). By increasing the number of clients who move from being uninsured to insured, this effort would reduce patients who are self-pay or indigent, which increases the financial viability of the clinical partners in the Network.
- Designing and conducting training in medical coding and billing, helping support the financial operations of the clinical partners and also creating a potential job ladder for broader employment.
- Designing and conducting training to provide service coordination. As clinical partners increasingly understand the challenges of addressing social determinants of health, there is a need to link patients to available services (e.g., housing, healthy food, job training, day care, oral health services, transportation, and elder care). CHWs that could add case management skills can help ensure that clinical partners are helping to address the populations' social determinants of health (including crisis intervention services).
- Developing tailored/customized trainings/certificate programs/curriculums. Applicants are strongly encouraged to utilize existing training curriculums/certifications/models, where appropriate. While seeking formal accreditation/credentialing for any training curriculums/certifications/ models that are developed through the RPHWTN program is allowed, HRSA highly encourages applicants not to allocate substantive parts of their budget to seeking formal accreditation/credentialing.
- Supporting operational costs in establishing and/or maintaining workforce development training.

Please note the following for Track #1 applicants:

1. For applicant organizations receiving federal support for CHW workforce development programs (including the HRSA forecasted funding opportunity for the Community Health Worker and Paraprofessional Training Program (CHWPTP)), must not duplicate activities and personnel supported under this award.
2. Applicants who select Track #1 can choose to focus on any of the groups listed under the RPHWTN definition of CHW (See [Appendix A: Glossary](#) for 'CHW' definition). If an applicant chooses to focus on multiple groups (e.g., CHWs and

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>

Medical Assistants) they should discuss the need and capacity to do so in the “Project Narrative.”

3. Applicants must consider including robust, comprehensive and tailored work-based learning strategies for new or existing staff. This includes on-the-job training and customized training/certificate programs. Applicants are encouraged to work with employer partners to develop workforce training activities to create career pathways for new or existing staff. For example, applicants could look at career paths for CHWs to progress from nurse aides to LPN to Associate’s Degree in Nursing (ADN).
4. Applicants in Track #1 are encouraged to draw from existing models for sustaining CHWs including the [Pathways Hub model](#) and draw from examples of negotiated per member/per month agreements with managed care organizations and insurance payers. Applicants should align and leverage training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments within rural communities.
5. Applicants could also focus on home-support services for higher-risk populations, which could be either through traditional home health services or through similar less formal home-support services. In particular, this could help with care transitions (e.g., hospital or skilled nursing facility to home, etc.).

Track #2 - Health IT / Telehealth Technical Support:

Areas of workforce training need: HRSA **requires** that proposed projects in Track #2 must train new staff or enhance skills of existing staff to meet the increasingly demanding skillsets needed to maintain and fully leverage electronic health records and also ensure that health information technology/telehealth systems are being optimally and accurately utilized by clinical staff and providers and patients. See [Appendix A: Glossary](#) for ‘telehealth’ definition.

HRSA encourages innovative projects that may be able to consolidate staff who work on health IT functions and those who work on telehealth. Blending these roles in particularly small clinical settings may help with business operations. Additionally, network partners may be able to use a regional shared staffing approach to meet their health IT needs. Given that many of the participating hospitals and clinics will be small entities, they may not have the resources to support a full-time IT support position. Shared staffing models where the aggregate needs of several participating hospitals or clinics would result in enough demand to support these positions and make this regionalized approach more financially sustainable could be employed.

Required activities (at a minimum) and allowable costs include, but not limited to:

- Training new staff to fill these positions or enhance skills of existing staff to meet the increasingly demanding need to maintain and fully leverage electronic health records, ensure that telehealth systems are working properly, and help clinicians and patients in troubleshooting challenges. This would include working with existing vendors, developing enhanced skills in contract specification reviews and oversight, training clinical staff in the use of new technologies and overseeing hardware and software upgrades.

- Designing training and placement programs that reflect varying degrees of health IT/telehealth functions. In some clinical settings, the staff who work on health IT functions such as electronic health records and those who work on telehealth may be two different roles with different skills and backgrounds. Networks can design training and placement programs that reflect that orientation. For Networks focusing on training staff to support telehealth efforts, there are [available courses](#) to consider.
- Training to maintain broader health IT efforts such as home monitoring and working with patients and clinical staff on the expanding use of personalized e-health efforts enabled through mobile phones and the sharing of information between patients and clinicians.
- Building on existing [resources](#) developed by HHS. Applicants focused on the more traditional health IT programs at an Associate's Degree level may benefit from building on existing resources.
- Aligning and leveraging training opportunities for health IT and telehealth staff with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments within rural communities. See [Appendix B](#) for additional resources.
- Training and training-related costs. Funds can also be used to address state-level certification issues. See [Appendix B](#) for additional resources.
- Training and skill development costs related to addressing cyber security (hacking, privacy compliance, etc.).
- Supporting operational costs in establishing and/or maintaining workforce development training.

Please note the following for Track #2 applicants:

- RPHWTN grant funds cannot be used to purchase or upgrade electronic health record systems and/or other health information technology.
- Applicants must consider including robust, comprehensive and tailored work based learning strategies for new or existing staff. This includes on-the-job training and customized training/certificate programs. Applicants are encouraged to work with employer partners to develop workforce training activities to create career pathways for new or existing staff.

Track #3 - Community Paramedicine:

Areas of workforce training need: HRSA **requires** that proposed projects in Track #3 must develop new community paramedicine models or expand existing paramedicine models by leveraging and/or building on existing resources and platforms. Support can be extended to Community Emergency Medical Technicians who have limited clinical capacity but can still perform a range of activities to support community and public health. HRSA encourages projects that leverage EMTs and paramedics to be equipped with the skills and knowledge to focus on population health.

Required activities (at a minimum) and allowable costs include, but not limited to:

- Supporting mobile integrated healthcare and community paramedicine (MIH-CP) training and placement. The term mobile integrated healthcare (MIH) is often used interchangeably with community paramedicine, particularly outside of the

EMS community. However, MIH is broader, including health care services provided outside of a health care facility by any type of health professional, which could include community paramedics, but also nurses, community health workers (CHWs), and other professionals. Some organizations use the combined term mobile integrated healthcare and community paramedicine.

- Including in their network local health care systems and/or emergency medical service units in rural communities that are employing Community Paramedics or that are committed to employing Community Paramedics once trained.
- Aligning and leveraging training opportunities with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments within rural communities. See [Appendix B](#) for additional resources.
- Training and training-related costs. Funds can also be used to address state-level certification issues. See [Appendix B](#) for additional resources.
- Supporting operational costs in establishing and/or maintaining workforce development training.

Please note the following for Track #3 applicants:

- Applicants must consider including robust, comprehensive and tailored work based learning strategies for new or existing staff. This includes on-the-job training and customized training/certificate programs. Applicants are encouraged to work with employer partners to develop workforce training activities to create career pathways for new or existing staff.

Track #4 - Case management staff and/or respiratory therapists:

Areas of workforce training need: Patients recovering from COVID-19 may face longer-term challenges, particularly related to pulmonary function. Program funds can be used to help train respiratory therapists as well as care coordinators to help manage this patient population who may need help managing long COVID-19 effects and related chronic conditions, or an exacerbation of existing chronic conditions. Addressing the immediate challenges of those recovering from COVID-19 is a primary focus in this track but applicants focusing on long COVID-19 can address staff training for chronic disease management more broadly. For example, rural areas have historically suffered from higher rates of respiratory disease and limited access to pulmonary rehabilitation.

Another area of need is for case managers to help patients navigate both clinical and non-clinical challenges (linking to a full range of human and/or social services to help address social determinants of health) to improve public health.

Required activities (at a minimum) and allowable costs include, but are not limited to:

- Aligning and leveraging training opportunities with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments within rural communities.
- Developing, enhancing or expanding existing efforts to train Respiratory Therapy or Case Management professionals.

- Expanding training of staff to assist with case management and coordination given high-level of care and services for COVID-19 long patients.
- Training and training-related costs. Funds can also be used to address state-level certification issues.
- Supporting operational costs in establishing and/or maintaining workforce development training.
- Supporting the onboarding costs for new RTs.
- Purchasing materials to support training efforts in this area.
- Purchasing equipment to facilitate distance learning training efforts.

Program development and implementation expectations:

- (A) Applicants are encouraged to develop a program and select a workforce training track based on their community needs, community input, benefits to the rural community, and impact on professional advancement of program participants. Applicants must select at least one of the four workforce training tracks and can select additional workforce training track(s) as long as the applicant can demonstrate the need and capacity to do so. See [Appendix B](#) for a list of resources.
- (B) Applicants may use the first six months of the three-year period of performance as a planning period to focus on planning activities, which may include, but is not limited to, engage in network capacity building and infrastructure development, establish training and recruitment plans, or develop a model in alignment with RPHWTN workforce training tracks that supports health care job development, training and placement and the necessary services, equipment and reimbursement needs to sustain the model. Otherwise, recipients are expected to begin implementation upon award.
- (C) Applicants are strongly encouraged to utilize existing training curriculums/certifications/models, where appropriate. HRSA does not expect award recipients to seek formal accreditation/credentialing for any training curriculums/certifications/models that are developed through the RPHWTN program.

Network expectations:

- (A) Award recipients are encouraged to cultivate strong county, state, and regional-level partnerships and to incorporate workforce recruitment and retention needs and efforts into planning and capacity building activities throughout the period of performance.
- (B) At a minimum, the network must at least have a Letter of Commitment from all network partners submitted with this application. The Letter of Commitment must be signed and dated by all network members, reflect the mutual commitment of each member to the RPHWTN program and describe the extent of the anticipated involvement by each network partner. Include the letters of commitment as **Attachment 7**. If funded, award recipients who submitted a letter of commitment

with their application will be expected to submit an MOA/U within six months of the project period. **Please note that if applicant organizations are able to submit a MOU/A with their application, they can request for a ‘special consideration.’ Please see [Section V.2](#) for more information related to ‘special consideration’.**

- (C) Network activities includes identifying career pathways to benefit a wide range of people from youth to workers seeking career advancement, assisting individuals in enrolling and completing existing programs in any of the four workforce training tracks and developing work experience opportunities to give them on-the-job skills that will help ensure employment in rural facilities.
- (D) Networks will identify and link training to actual quality job opportunities or career advancements within one of the four workforce training tracks. Networks will be expected and required to offer apprenticeships so that those in training get the real-world experience they need to obtain quality employment that seeks to provide at or exceeds the local prevailing wage for the field in the region, includes basic benefits (e.g., paid leave, health insurance, retirement/savings plan) and/or is unionized, and helps the employee develop the skills and experiences necessary to advance along a career path¹⁷.
- (E) Networks are strongly encouraged to establish a pathway to place individuals in rural facilities in their new/expanded role(s).
- (F) Networks will be required to report data on RPHWTN performance measures identified by FORHP (see [Appendix C](#) for draft performance measures). **NOTE:** Award recipients should plan to participate in a HRSA-funded evaluation at the end of the project period. More details to be provided.
- (G) Develop a strategic network of partnerships to support recruitment, formal training, certification, and placement of participants/trainees.

Program Expectations:

- (A) While the applicant organization will coordinate the overall program effort, the applicant organization should ensure that all network members are given equal voice in decision making and resource allocation to achieve program goals.
- (B) At a minimum, the staffing requirements includes:
 - a. A project director (at least 0.5 FTE) for the project and has the management experience working with multiple organizational arrangements. A biographical sketch or resume in **Attachment 5** must be included in addition to a position description detailing the role and responsibilities of the data collection staff person.
 - b. A staff person who will be responsible for data collection during the project planning and implementation process at the time of application. This should

¹⁷ <https://eda.gov/files/about/investment-priorities/EDA-FY21-Investment-Priorities-Definitions-June.pdf>
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include the title and at least 0.25 equivalent (FTE) of each staff person responsible for collecting, inputting and reporting performance data. A biographical sketch or resume in **Attachment 5** must be included in addition to a position description detailing the role and responsibilities of the data collection staff person.

(C) All award recipients will have the opportunity to work closely with technical assistance (TA) providers throughout the three-year period of performance. The targeted TA will assist award recipients with achieving desired project outcomes, sustainability and strategic planning, and will ensure alignment of the awarded project with the RPHWTN program goals. The TA is provided to award recipients at no additional cost. This support is an investment made by HRSA in order to ensure the success of the awarded projects. HRSA has found that most award recipients benefit greatly from the support provided through these collaborations. If funded, award recipients will learn more about the targeted technical assistance and evaluation support.

(D) For applicant organizations receiving federal support for workforce development programs (e.g., HRSA's Bureau of Workforce Training Programs, U.S. Department of Labor H-1B Rural Healthcare Grant Program), activities and personnel supported under this award **must not be duplicative**.

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please see the [Form Alert](#) in Section IV.1 Application Package. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less. The project abstract **must** contain the following information within the Standard OMB-approved Project Abstract Summary Form 2.0:

- Project Title
- Applicant Organization Name, Address and Website (if applicable)
- Applicant Organization Facility Type (e.g., rural health clinic, educational institutions, etc.)
- Project Director Name, Title and Contact Information (phone and email)
- Proposed workforce training track (Applicants must clearly state at least one of the four workforce training tracks.)

- Target Service Area(s) (List rural counties and/or rural census tracts.)
- List of proposed network partner organizations
- Total funding amount requested for the entire three-year period of performance
- Capacity to serve rural underserved populations (Applicants must demonstrate their experience serving or the capacity to serve rural underserved populations.)
Examples to show this capacity may include history or ability to:
 - Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations.
 - Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project.
- **Funding Preference (if applicable):** Please place your request for a funding preference at the bottom of the abstract. You must clearly request a qualifying funding preference. HRSA highly recommends that you include the following language:

“(Your organization’s name) is requesting a funding preference based on qualification X. County Y is in a (designated HPSA; or in a MUC/MUP; or is focusing on primary care, and wellness and prevention strategies).”

Additionally, you must include supporting documentation in **Attachment 10** to support the funding preference being requested. See [Section V.2](#) for more information.

- **Special Consideration (if applicable):** Please place your request for special consideration at the bottom of the abstract. HRSA recommends you include this language and/or combine with above funding preference language, if applicable:

“(Your organization’s name) is requesting special consideration based on the inclusion of a signed MOAU from all network partners included in Attachment 11.”

You need to provide supporting documentation in **Attachment 11**. Refer to [Section V.2](#) for further information.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](https://www.usaspending.gov).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. ***Project Narrative***

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

I. INTRODUCTION -- [Corresponds to Section V's Review Criterion 1: Need](#)

The introduction should address the following items:

- 1) Briefly describe the purpose of the proposed workforce project and how it supports the RPHWTN program.
- 2) Summarize the workforce project's goals, target service area and expected outcomes.
- 3) Highlight the extent of any existing history of collaboration and capacity among network members. Describe how the network will build on any existing history of network collaboration to implement the proposed workforce project.
- 4) Highlight the organization's capacity and or experience to serve rural underserved communities.
- 5) Clearly state the workforce training track(s) and area(s) of need the project will address.

II. NEEDS ASSESSMENT -- [Corresponds to Section V's Review Criterion 1: Need](#)

This section outlines the rural community's need for the proposed workforce project. A list of resources is located in [Appendix B](#). If the applicant organization is proposing to address multiple workforce training tracks, please be clear in addressing the need for each workforce training track.

Please use the following sub-headings for this section: 1) Rural workforce need in the target service area; 2) Health equity and diversity; 3) Health care in the service area; and 4) Network partners.

- 1) Rural workforce need in the target service area (Note: All activities funded under this program must benefit rural counties/tracts):
 - a) Specifically state the rural regions/counties/tracts of your target service area. Provide a map that shows the target service area as well as the location of network members and include any other information that will help reviewers visualize and understand the scope of the proposed activities. Please include the map as **Attachment 2** (Note: Maps should be legible and in black and white).
 - b) Describe the impact of COVID-19 on the workforce needs within the target service area. Use and cite local, regional, state and/or national data whenever possible to support the workforce need. This should help reviewers understand the need for the workforce training track(s) that has been selected for the RPHWTN program.
- 2) Health equity and diversity
 - a) Describe the demographics, health care status, economic status or any other relevant information related to your service area, including disparities.
 - b) Describe the need to improve health equity and to the extent possible, describe the need to improve the diversity of the current workforce.
- 3) Health care needs in service area
 - a) Describe the health care needs in your target service area and describe how the pandemic has affected the current health care landscape.
 - b) Identify and describe any other existing health care workforce capacity available in or near the proposed service area. This includes: 1) a rationale for why the existing health care workforce do not sufficiently meet the need of the service area and target population; 2) how the proposed project will address any health care service gap(s) for the service area; and 3) how this grant program is the best and most appropriate opportunity to address identified gap(s), including how other grant programs and/or resources are unable to fulfill these gaps, as appropriate.
 - c) Discuss how the proposed workforce project might increase and enhance any existing capabilities in the service area.

- d) Describe any barriers or challenges relevant to project implementation that the proposed project hopes to overcome. Socioeconomic, linguistic, cultural, ethnic or other relevant barriers should be discussed.

4) Network partners

- a) Describe the need for strengthening the linkages between educational and community partners with health care facilities to benefit rural workforce needs.
- b) Describe how the immediate COVID-19 impact has contributed to the need for such a network and describe how the long effects could be addressed by the network.

III. METHODOLOGY -- [Corresponds to Section V's Review Criterion 2: Response](#) and [Review Criterion 4: Impact](#)

This section discusses the proposed methods that will be used to address the needs mentioned in the 'Needs Assessment' section of the Project Narrative. Additionally, this section will address how the RPHWTN program requirements and expectations will be met. If the applicant organization is proposing to address multiple workforce training tracks, please be clear in addressing the methodology for each workforce training track.

Please use the following sub-headings for this section: 1) Outreach and recruitment; 2) Training curriculum/development, 3) Placement and sustainability and 4) Linking to RPHWTN program goals.

1) Outreach and recruitment

- a) Describe how the network will conduct outreach to identify potential trainees for the proposed workforce project. Include a health equity, diversity and inclusion policy.
- b) Describe how the network will address recruitment and hiring of workers from low income, minority, and immigrant populations as well as people with disabilities.
- c) To the extent possible, describe the how the proposed workforce project will increase the racial/ethnic diversity of the workforce and foster a diverse and inclusive workforce.
- d) Describe how the project will effectively address a workforce training gap in the community. To the extent possible, describe how the proposed workforce project will augment and enhance any existing capabilities in the service area, including ongoing federally supported workforce training activities related to the four workforce training tracks.

2) Training curriculum/development

- a) Describe how network partners will be engaged in developing training solutions (including curriculum and or training certificate development) that address workforce issues and fill skills gaps. Discuss how the training/curriculum and/or certificate training elements is culturally and linguistically appropriate.

- b) Describe how the network will provide hands-on work experience to enrich the training/curriculum. The training will be focused on the associate degree level or lower and can include both formal two-year degrees as well as certifications. The intent is to equip workers with the skills they need to bring more value to rural hospitals, clinics and other service providers. Networks will link the type of training to the employment regions in their service areas. This can include bringing new workers into employment via training or expanding the skill sets of existing staff to better meet need.
- c) If applicable, describe how the workforce project will enhance the training of existing workers with skills necessary to expand their role(s).
- d) If applicable, describe the model you are expanding/adapting.

3) Placement and sustainability

- a) Describe how the network will work to establish sustainable, quality job placement opportunities and integrate newly trained public health professionals into organizations and care teams to support the provision of health care services.
- b) Describe how the network will collaborate and connect with the education training sector, clinical partners and other community-based partners (including labor unions and or worker groups) to leverage their collective strengths while also building some economies of scale. The intent is to link training to actual sustainable job opportunities (for new hires) or career advancements (for existing workers) in the four workforce training tracks. Networks will be required to offer apprenticeships so that those in training get the real-world experience they need to obtain employment and grant funds can be used to cover those expenses.
- c) With HRSA's initial investment in the RPHWTN program, describe how the network will sustain the proposed workforce project after the period of federal funding ends.
- d) Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

4) Linking to RPHWTN Program Goals

- a) As applicable, describe how the chosen workforce training track(s) will provide value to the operational aspects of the participating clinical location where trainees are placed (e.g., CHW cross training in billing and coding, benefits counseling, or supporting telehealth and other health IT needs.)
- b) As applicable, describe how the chosen workforce training track(s) will provide value to the clinical site's focus on population health or value-based care initiatives (e.g., service coordination, case management, community paramedicine, respiratory therapy, etc.).

- c) Describe how the RPHWTN program will contribute to advancing the public health careers of participants in the program (e.g., placements in permanent positions, impact on earning potential and benefits, opportunities for career advancement).

IV. WORK PLAN -- [Corresponds to Section V's Review Criterion 2: Response](#) and [Review Criterion 4: Impact](#)

Please use the following sub-headings for this section: 1) Work plan and 2) Impact. If the applicant organization is proposing to address multiple workforce training tracks, please be clear in addressing these sub-headings accordingly for each workforce training track.

1) Work plan

Provide a clear and coherent work plan describing the process to achieve each of the project's goals and objectives in **Attachment 3**. It is recommended the work plan be submitted in a tabular format. At a minimum, the work plan must clearly:

- a) Identify the responsible individual(s) and/or network member(s) who will implement each activity.
- b) Identify specific, measurable, and realistic goals and objectives for the work plan activities.
- c) Identify the timeframes to accomplish activities.
 - The work plan must reflect a three-year period of performance. At a minimum, timeframes associated with activities should be broken down into quarters. It is not acceptable to list "ongoing" as a timeframe. Note that while award recipients should make progress towards completing each core/required activity during each year of the award, activities do not need to be completed until the end of the three-year period of performance.
 - FORHP recognizes that networks need time to plan and prepare for their project implementation. The first six months of the project period can be used to prepare for full implementation of their workforce project activities; otherwise, recipients are expected to begin implementation upon award. This planning period should not exceed the first six months in the first year of the project and this planning period should be clearly reflected in the work plan.
- d) If your program proposal includes hiring new personnel, awarding contracts or making sub-awards, describe how your project will take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. Additionally, failure to execute any contracts or sub-awards in a timely manner, as noted in the work plan, may lead to administrative action, up to cancellation of the award.

2) Impact

- a) Describe the expected workforce impact (including job placement and career advancement for participants) and how COVID-19 has affected the workforce need. Describe how long COVID effects may affect the workforce need. Explain how the workforce project will improve health care delivery in your rural service area(s).
- b) If applicable, describe the potential impact of selected evidence-based or promising practice model/s that was used in the design and development of the proposed workforce training project.
- c) Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, or maintain).

V. RESOLUTION OF CHALLENGES -- [Corresponds to Section V's Review Criterion 2: Response](#)

- 1) Discuss barriers and challenges that you are likely to encounter in designing and implementing the activities described in the work plan. Describe any anticipated challenges that could be encountered in keeping the network partners actively engaged throughout the period of performance and approaches that will be used to resolve such challenges.
- 2) Describe any additional barriers that may affect the proposed workforce project and possible solutions to resolve such challenges.
- 3) If applicable, urban applicant organizations should discuss any challenges related to working in a rural community and working with rural network partners. Describe any possible solutions to resolve such challenges.

VI. EVALUATION AND TECHNICAL SUPPORT CAPACITY -- [Corresponds to Section V's Review Criterion 3: Evaluative Measures](#) and [Review Criterion 5: Resources/Capabilities](#)

- 1) Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes. This data collection strategy includes the required FORHP performance measures (See [Appendix C](#) for draft FORHP performance measures).
- 2) Describe how the network will track outcomes following post completion of any workforce training initiatives funded by this grant.
- 3) Describe how the organization will collect and manage data (e.g., assigned skilled staff, data management software) and how funding will be allocated to other network members to ensure data collection across the enterprise.

- 4) Describe any potential data collection obstacles and your plan to address those obstacles.

VII. ORGANIZATIONAL INFORMATION -- [Corresponds to Section V's Review Criterion 5: Resources/Capabilities](#)

Please use the following three sub-headings in responding to this section: 1) Applicant organization; 2) Project staffing and 3) Network composition and involvement:

1) Applicant organization

- a) Provide an overview of the applicant organization that includes at least the following required information:

- i. Applicant organization's current mission; size of organization and current staffing;
- ii. Location relative to the rural target service area
- iii. Demonstrate the capacity and ability to exercise administrative and programmatic direction over award funded activities. Have the authority to hire and manage the award-funded staff.
- iv. Demonstrate the applicant organization's ability to collaborate with appropriate partners to carry out all the program requirements.

This program requires a network of educational institutions, training programs, rural hospitals, clinics and others engaged in rural health workforce issues so that there is an ongoing connection between the training proposed and the need for those positions in the communities covered by the network and other clinical partners in the service area.

- v. Demonstrate serving, or the capacity to serve, rural underserved populations (if applicable, applicant organization should describe existing or prior collaboration and/or working experience within the targeted rural area).
- vi. Demonstrate financial practices and systems that assure applicant organization can properly account for and manage the federal funds. If the applicant organization will make subawards or expend funds on contracts, describe how the applicant organization will ensure proper documentation of funds and fiscal oversight.

2) Project Staffing

- a) HRSA requires a project director to allot at least 0.5 FTE to the project and has the management experience working with multiple organizational arrangements (i.e., network). Ideally, the allocated time of the project director role should be filled by one individual, and not split amongst multiple project staff when possible. Identify the project director in the **Project Abstract** and **Attachment 4**.

The project director will be responsible for project/program monitoring and carrying out the award activities. Applicants may identify a permanent project director prior to receiving award funds. Include information on the individual who will serve as the project director (or interim), as well as if they serve as the project director on any other federal awards. If the applicant organization has an interim project director or has not yet hired a person to serve as the project director, discuss the process and timeline for hiring a permanent project director for this project.

- b) HRSA also requires a data coordinator to allot at least 0.25 FTE to the project, who will be responsible for data collection across the network during the project planning and implementation process at the time of application. Identify the data coordinator in **Attachment 4**.
- c) Identify and describe additional key personnel roles and how they relate to the proposed project (**Attachment 4**). In-kind contributions, the value of non-cash contributions (for example, property or services) that benefit a federally assisted project or program, should be included in the staffing plan. All staffing information should be included in **Attachment 4**. Key personnel are individuals whom would receive funds by this award or person(s) conducting activities central to this program. Key personnel biosketches should be included in **Attachment 5**.

3) *Network composition and involvement:*

- a) In **Attachment 6**, provide a list of the network members. The list must contain the following information for each network member; it is recommended that this information is provided in a table format:
 - i. Network member organization name;
 - ii. Network member organization street address and county
 - iii. Network member primary point of contact at organization (name, title, email);
 - iv. Network member organization EIN and DUNS. The network must consist of at least three separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement;
 - v. Network member organization sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Network membership should be diverse and encompass more than one sector;
 - vi. Specify (yes/no) whether Network member is a National Health Service Corps (NHSC) site or NHSC-eligible site (see <https://nhsc.hrsa.gov/sites/eligibility-requirements.html> for more details);
 - vii. Specify (yes/no) whether the network member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the [Rural Health Grants Eligibility Analyzer](#). As a reminder, at least 66 percent of network members must be located in a HRSA-designated rural area; and

- b) The network must have a signed Letter of Commitment from all network partners. Include the Letter of Commitment as **Attachment 7**. If funded, award recipients who submitted a letter of commitment with their application will be expected to submit an MOA/U within six months of the project period. Special consideration will be given to applicants that have a signed [Memorandum of Agreement or Understanding \(MOA/U\)](#) with all network partners at the time of application; additional information can be found in [Section V.2](#).
- c) Describe the relationship between the applicant organization and the network members. Explain why each of the network members are appropriate collaborators and what expertise they bring to the network. In **Attachment 8**, provide a one-page organizational chart of your network that clearly depicts the relationship between the network members and includes your network's governing board.
- d) The network must demonstrate shared governance, in which the design, implementation, communication, and evaluation of the work will be co-produced and co-led by the partners. This will be demonstrated by: Reciprocal Relationships (roles and decision-making authority are defined collaboratively and clearly stated); Partnerships (time and contributions receive fair financial compensation); Transparency, Honesty, and Trust (major decisions are made inclusively, information is shared readily, and communications are open and honest) [*adapted from PCORI engagement rubrics for applicants* <https://www.pcori.org/sites/default/files/Engagement-Rubric.pdf>]. Non-rural network leads must demonstrate these principles in the governance of relationships with rural partners.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) (P.L. 117-43), "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." See Section 5.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#).

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project. Please note that the budget justification narrative counts against the page limit.

In addition to guidance provided in the above 'Budget' section, RPHWTN Program requires the Budget Justification Narrative to:

- 1) Be in alignment with the needs and activities you identified in the 'Project Narrative' portion of your application. The budget can vary based on your community needs and your proposed approach.
- 2) Clearly justify how you will use the program funds over the three-year period of performance to develop your project and show how funds will be distributed across partner organizations.
- 3) Be detailed and inclusive of program costs for **all three** years of the period of performance. **and**
- 4) Although awards are fully funded at the outset for use over the entire period of performance, applicants must also include within the budget justification a yearly breakdown of funds for each 12-month increment of activity (for each budget year of the project). The budget narrative should match the [SF-424 R&R Application Guide](#) budget form line items and provide details of the allocation of the RPHWTN Program award funds.

If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform, the total number of hours, travel costs (meal costs are unallowable unless in conjunction with allowable travel), and the total estimated costs.

For the purposes of the RPHWTN program, award funds used to support the following should be clearly detailed in the budget documents:

Participant/Trainee Support Costs: List tuition/fees, books, stipends, travel, subsistence, child care and other related education expenses, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

Stipends: Requests for stipends (general living expenses to compensate the student for their time, help defray the student's costs and shall be used at the discretion of the student) for students participating in the training program should be entered under a separate budget justification heading, entitled "Trainee Expenses." Enter the number of students and the total amount requested under "Stipend." In the budget justification, provide the stipend rate (e.g., \$15/hour), the number of stipends to be awarded, and total stipend amount for the training program. The methodology for determining stipend rates should be clear and justifiable. If stipend rates vary across individual students or programming those differences should be clearly explained. If stipends are being paid for through sources other than the RPHWTN program, please provide the number, amount of stipend, and funding source.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel and provide the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested.

Student travel to a training site distant from the school may be charged to the grant if such travel is a necessary and integral part of the training provided through the project. The cost of a trainee's initial travel from his or her residence to the training program is not allowable except in cases of significant need or hardship. Upon justification in such cases, a travel allowance may be authorized at the level consistent with the institution's formal travel policy or at the applicable government mileage rate, whichever is less. Such authorization must be requested in advance and written authorization must be received from the Grants Management Officer, Division of Grants Management Operations with a copy to the program project officer. Travel support may also be provided for field trips and other appropriate training activities. Daily commuting costs and costs of routine local travel are not allowable.

NOTE: Participants/trainees are NOT required to pay back any participant/trainee support costs if they do not complete the program or do not work in a rural area upon completing the program.

In addition, the RPHWTN Program requires the following:

- **Travel:** Please allocate travel funds for up to two (2) program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item¹⁸.
- **Contractual:** You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation of the purpose

¹⁸ If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your Project Officer and guidance on an alternate meeting platform.

of each contract, how the costs were estimated, and the specific contract deliverables.

- **Staffing:** Please allocate adequate funds to meet the staffing requirements for this project (including a Project Director and a Data Coordinator).

Note: Thoroughly describe your requested amounts but be concise. The budget narrative is not intended to expand the project narrative. Additionally, ensure that each item in the “other” category is justified.

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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

REQUIRED – Attachment 1: Documentation from State Office of Rural Health

All applicants are required to notify their State Offices of Rural Health (SORH) early in the application process to advise them of their intent to apply. SORHs can often provide technical assistance to applicants. Please include a copy of the SORH's response to your correspondence and/or the letter or email you sent to the SORH notifying them of your intent to apply. SORH's applying as the applicant organization must provide an attestation that their application was independently developed and written and that they have not knowingly duplicated efforts or project ideas of non-SORH applicants within their state. By statute, all applicants are required to notify their SORH or equivalent (state appropriate entity) in **Attachment 1**. However, if applicants from the U.S. territories do not have the functional equivalent of a SORH, this requirement does not apply and U.S. territories are still eligible to apply. This attachment **will count** towards the 80-page limit.

REQUIRED - Attachment 2: Map of Target Rural Service Area

Include a map that illustrates the geographic service area that will be served by your network. Also, detail the location of all network members within the map, and other pertinent elements such as broadband coverage/service providers, transportation considerations, etc.

REQUIRED - Attachment 3: Work Plan

Attach the work plan for the project that includes all information detailed in [Corresponds to Section IV's Work plan](#) of the Project Narrative. The work plan must reflect a three-year period of performance.

REQUIRED - Attachment 4: Staffing Plan and Job Descriptions for Key Personnel

(see Section 4.1.vi. of HRSA's [SF-424 R&R 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. Also, include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

REQUIRED - Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 4*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

REQUIRED – Attachment 6: List of Network Member Organizations

The list must contain the following information for each network member; it is recommended that this information is provided in a table format:

- i. Network member organization name;
- ii. Network member organization street address and county;
- iii. Network member primary point of contact at organization (name, title, email);
- iv. Network member organization EIN and DUNS. The network must consist of at least three separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement;
- v. Network member organization sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Network membership should be diverse and encompass more than one sector;
- vi. Specify (yes/no) whether network member is a National Health Service Corps (NHSC) site or NHSC–eligible site (see <https://nhsc.hrsa.gov/sites/eligibility-requirements.html> for more details);
- vii. Specify (yes/no) whether the network member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the [Rural Health Grants Eligibility Analyzer](#). As a reminder, at least 66 percent of network members must be located in a HRSA-designated rural areas.

REQUIRED – Attachment 7: Network Partnership Letters of Commitment

Submit a copy of your network's Letter of Commitment signed by each network member. The letter of commitment should describe the extent of the anticipated partnership for the purposes of the RPHWTN program.

Note: Applicants who submit a signed and dated MOA/U from all network members in **Attachment 11**, can receive a special consideration as long as they request special consideration in the [Project Abstract](#). For further information on this special consideration and the required documentation, please refer to [Section V.2. Review and Selection Process](#).

REQUIRED – Attachment 8: Network Organizational Chart

Provide a one-page organizational chart of your network that clearly depicts the relationship between the network members and includes your network's governing board.

REQUIRED – Attachment 9: Data Usage/Sharing Agreement

Submit a signed and dated document establishing the terms and conditions under which the network partners and lead applicant can acquire and use data from each other as it relates to the compliance of data reporting requirements associated with this grant program. This agreement should include attestation that the data that will be shared are appropriate and valid.

OPTIONAL – Attachment 10: Request for Funding Preference (if applicable)

If requesting a funding preference, the application must provide documentation that supports the funding preference qualification. Please indicate which qualification is being met in the [Project Abstract](#). For further information on funding preferences and the required documentation, please refer to [Section V.2](#).

OPTIONAL – Attachment 11: Request for a Special Consideration (if applicable)

If requesting a special consideration, the application must request special consideration in [Project Abstract](#) and submit a signed and dated MOA/U with all network partners in Attachment 11. For further information on special consideration and the required documentation, please refer to [Section V.2](#).

OPTIONAL – Attachment 12: Exceptions Request (if applicable)

For [Tribal Exceptions and Multiple EIN Exception](#) requests, the following **must** be included:

- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed project focus and service area for each applicant organization with the same EIN (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

This attachment **will not count** towards the 80-page limit.

OPTIONAL – Attachments 13–16: Other Relevant Documents (if applicable)

Include here any other documents that are relevant to the application, including exception requests, letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g. in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management ([SAM.gov](https://sam.gov)). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA’s [SF-424 R&R Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](https://sam.gov).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you 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 NOFO is March 18, 2022 at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The RPHWTN Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to three years, at no more than \$1,545,000 per year (inclusive of direct **and** indirect costs). The FY 2022 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2022 appropriation. The NOA will reference the FY 2022

appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law.

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

- a) To acquire real property
- b) For construction
- c) To pay for any equipment costs not directly related to the purposes of this award
- d) To purchase or upgrade electronic health record systems and/or other health information technology

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Six review criteria are used to review and rank the RPHWTN applications. Below are descriptions of the review criteria and their scoring points.

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

- a) The clarity with which the proposed project thoroughly responds to the RPHWTN purpose and goals (including citing the specific workforce training track). An applicant must select from at least one of the four workforce training tracks (additional tracks may be selected if the applicant organization adequately addresses the need and demonstrates the capacity to do so).
- b) The thoroughness in which the applicant demonstrates the workforce need.
- c) The extent to which the proposed project will address and fill a workforce need.
- d) The extent to which the applicant demonstrates a need for network partners.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [Methodology](#), [Work plan and Resolution of Challenges](#)

[Sub-criterion 1: Outreach and recruitment, resolution of challenges and work plan \(10 points\)](#)

- a) The clarity of how the network will work to identify, train and place individuals in rural health care facilities. The extent to which the network will work to resolve any challenges/barriers to their project.
- b) The extent to which the proposed project will work to increase diversity in workforce and address health inequities in the project area.
- c) The extent to which the proposed project will create or support quality employment that seeks to provide or exceeds the local prevailing wage for the field in the region, includes basic benefits (e.g., paid leave, health insurance, retirement/savings plan) and/or is unionized, and helps the employee develop the skills and experiences necessary to advance along a career path.
- d) The thoroughness in which the work plan reflects a three-year period of performance.
- e) The extent to which applicants demonstrate a thorough understanding of the relevant workforce training programs currently available in the targeted service area including:
 - i. How the project will effectively address a workforce training gap in the community/region.
 - ii. How addressing this workforce training gap will create sustainable employment opportunities, career advancement, and earning potential of program participants.
 - iii. Any other potential adverse effect (if any), as well as understanding of how the project might augment and enhance any existing capabilities in the service area, including ongoing federally supported activities (e.g., HRSA's

Bureau of Workforce Training Programs, U.S. Department of Labor H-1B Rural Healthcare Grant Program) around the four workforce training tracks.

Sub-criterion 2: Training curriculum and development (10 points)

- a) The thoroughness in which the network partners will be engaged in developing culturally and linguistically appropriate training solutions (including curriculum and or training certificate development) that address workforce issues and fill skills gaps.
- b) The extent to which the network will provide hands-on work experience to enrich the training/curriculum.

Sub-criterion 3: Sustainability and linking to RPHTWN Goals (10 points)

- a) The extent to which the proposed project responds to the “[Purpose](#)” included in the program description. The extent to which the proposed project links those trained to high-value sustainable roles in rural health care providers and advances the professional careers and earning potential of those trained. The strength and feasibility of the proposed project.
- b) The strength of the proposed project and their relationship to the RPHTWN Program workforce training track(s) and corresponding RPHTWN workforce training track area(s) of need. An applicant must select from one of the four workforce training tracks (additional tracks may be selected if the applicant adequately addresses the need and demonstrates the capacity to do so).
- c) The extent to which the applicant demonstrates feasibility of proposed project will be sustainable and identifies potential sources of support beyond federal funding (e.g., leveraging partnerships to explore innovative operation benefit strategies).
- d) The extent to which the work plan reflects a clear and realistic approach reflecting the three-year period of performance.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s [Evaluation and technical support capacity](#)

- a) The strength and effectiveness of the data collection strategy to collect, monitor and evaluate both the required FORHP performance measures and the project specific measures.
- b) Includes, in the budget, an appropriate allocation of award resources and staffing to ensure data collection, at all points of service. The work plan includes evidence of legal and privacy considerations and a strong quality assurance process to ensure the validity of data elements/information collected by the network.

- c) The degree to which the network will be able to resolve any data collection barriers/challenges.

Criterion 4: IMPACT (10 points) – [Corresponds to Section IV's Work plan](#) and [Methodology](#)

- a) The extent to which the proposed project will impact a workforce need as a result of COVID-19, both immediate and long.
- b) The extent to which the proposed project has a public health impact and the project will be effective, if funded. This includes the expected impact on the rural workforce and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's [Organizational Information](#)

Sub-criterion 1: Applicant Organization (5 points)

- a) 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.

Sub-criterion 2: Project staffing (5 points)

- a) The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.

Sub-criterion 3: Network composition and involvement (20 points)

- a) The extent to which each network member has submitted a letter of commitment found in **Attachment 7**. The clarity of the anticipated involvement of each network member. The extent to which the network members are appropriate collaborators and the degree of expertise they bring to the network.
- b) The extent to which the network demonstrates an inclusive shared governance model that ensures all network participants are fully engaged in implementing and managing the program on a consistent basis throughout the project period.
- c) The extent to which each network member has submitted a signed and dated document establishing the terms and conditions under which the network partners and lead applicant can acquire and use data from each other as it relates to the compliance of data reporting requirements associated with this grant program as noted in **Attachment 9**.

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

- a) The extent to which the applicant clearly allocates the award across a three-year period of performance (e.g., the applicant should not plan to spend the entire award in the first two years).
- b) The clarity and comprehensiveness of the budget narrative, including the extent to which the applicant logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project.
- c) The degree to which the estimated cost to the government for the proposed activities are reasonable and appropriate.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (i.e., funding preference and special consideration) described below in selecting applications for award.

For this program, HRSA will use funding preferences and special consideration.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by 42 U.S.C. 254c(h)(3). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification 1: Health Professional Shortage Area (HPSA)

You can request funding preference if the service area of the applicant is located in an officially designated health professional shortage area (HPSA). Applicants must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a HPSA: <https://data.hrsa.gov/tools/shortage-area/by-address> in **Attachment 10**.

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

You can request funding preference if the applicant is located in a medically underserved community (MUC) or serves medically underserved populations (MUPs). Applicants must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a MUC or serves an MUP: <https://data.hrsa.gov/tools/shortage-area/by-address> in **Attachment 10**.

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

You can request this funding preference if your program focuses on primary care and wellness and prevention strategies. You must include a brief justification (no more than 3 sentences) describing how your program focuses on primary care and wellness and prevention strategies in **Attachment 10**.

If requesting a funding preference, please indicate which qualification is being met in the Project Abstract and **Attachment 10**. HRSA highly recommends that the applicant include this language to identify their funding preference request:

“Applicant organization name is requesting a funding preference based on qualification X. County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care, and wellness and prevention strategies).”

Please provide documentation of funding preference and label documentation as “Proof of Funding Preference Designation/Eligibility.”

You only have to meet **one** of the qualifications stated above to receive the preference. Meeting more than one qualification does not increase an applicant’s competitive position.

Funding Special Considerations and Other Factors

This program provides a special consideration based on the extent to which the applicant demonstrates existing ability and clearly documents, in the form of a signed MOA/MOU, a formal partnership with all network partners.

A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. PLEASE NOTE: In order to support formal networks, as stated for the special consideration, HRSA may need to fund out of rank order. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

HRSA staff will determine if special consideration is met, and will apply it to any qualified applicant that demonstrates they meet the criteria for the special consideration. However, HRSA acknowledges that the funding preference supersedes the special consideration and will take both into consideration at the time of funding for those that qualify. The special consideration criterion is as follows:

Criteria: Signed MOA/U with all network partners

If requesting special consideration, please include a signed [MOA/U](#) with all network partners in **Attachment 11** and indicate this request at the bottom of the [Project Abstract](#). HRSA recommends you include this language and/or combine with above funding preference language, if the funding preference is also applicable:

“(Your organization’s name) is requesting special consideration based on the inclusion of a signed MOA/U with all network partners included in Attachment 11.”

3. Assessment of Risk

HRSA 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](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 1, 2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power, such as the free and fair choice to join a union and bargain collectively. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced

under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Further information will be provided upon receipt of the award.
- 2) **Progress Report(s).** The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
- 3) **Strategic Plan.** Award recipients will be required to submit a three-year strategic plan during the first year of their period of performance. This strategic plan will provide guidance for program development throughout the period of performance and beyond. Further information will be provided upon receipt of award.
- 4) **Sustainability Plan.** As part of receiving the grant, award recipients are required to submit a final Sustainability Plan during the third year of their period of performance. Further information will be provided upon receipt of the award.
- 5) **Performance Measures Report.** A performance measures report is required after the end of each budget period. Upon award, award recipients will be notified of specific performance measures required for reporting.
- 6) **Final Closeout Report.** A final report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. Further information will be provided in the award notice.
- 7) **Progress Report.** The recipient is required to submit one progress report to HRSA six months after the project period start date. Further information will be provided upon receipt of the award.

- 8) **A Post-Grant Evaluation** is required 1-year after the end of the period of performance. The evaluation will collect information on the sustainability of the network and network activities. If awarded, by accepting the award, recipients agree to participate in the HRSA-funded evaluation. Further information will be provided upon receipt of the award.
- 9) **Final self-assessment report.** The recipient will be required to conduct a self-assessment. Award recipients are required to submit a Final Self-Assessment Report at the end of their grant period that would show, explain, and discuss their results and outcomes. Further information will be provided in the award notice.
- 10) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: ngaines@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Amber Berrian, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Public Health Workforce Training Network Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-61
Rockville, MD 20857
Email: RPHWTNP@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

Webinar

Day and Date: Wednesday, January 5, 2022
Time: 1 – 2 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 86083981
Meeting ID: 161 940 7343
Weblink: <https://hrsa.gov/zoomgov.com/j/1619407343?pwd=aW81ci9NRU5tbFBGYlkzUnFIT1Jydz09>

HRSA will record the webinar. Please contact RPHWTNP@hrsa.gov for playback information.

Tips for Writing a Strong Application

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

Appendix A: Rural Public Health Workforce Training Network Glossary of Terms

Community Health Worker: For the purposes of the RPHWTN program – Track #1, Community Health Workers include: 1) individuals who are lay members of the community who work with the local health care system and share similarities and experiences with the community members they serve – they have been identified by many titles such as promotores(as) and community health advisors; or 2) individuals from the following disciplines: doula, peer recovery specialists, behavioral health technicians, medical assistants and/or dental assistants/hygienists.

Culturally Appropriate: Culturally and Linguistically Appropriate Services (CLAS) are services that are respectful of and responsive to each person's culture and communication needs. CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations. For more resources, visit <https://thinkculturalhealth.hhs.gov/clas/what-is-clas>

Direct Services: For the purposes of the RPHWTN program, direct services is defined as training and education of health care providers to increase organizational workforce capacity as it relates to the four workforce training tracks. Includes provision of tangible services provided as a result of this training grant.

Formal Network: A network organization is considered formal if the network has a signed Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or other formal collaborative agreements. The network should have policies/practices in place to ensure that all network member organizations will make financial and programmatic decisions together (rather than an individual network member or lead applicant). An already existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure.

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

Long COVID: Post-COVID conditions that are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19.¹⁹

Memorandum of Agreement or Understanding (MOA/U): An MOA/U is a written document that must be signed by all network members to signify their formal commitment as network members. An acceptable MOA/U should at least describe the network purpose and activities; clearly specify each organization's role and responsibilities in terms of participation, governance and voting, integrating data sharing capabilities; and membership benefits. For the purposes of this program, a letter of commitment is not the same as a MOA/U; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the network partners.

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

Remote Clinical Services: For the purposes of the RPHWTN program, remote clinical services as referenced in the 'Telehealth' definition include but are not limited to: telemedicine, physician consulting, screening and intake, diagnosis and monitoring, treatment and prevention, patient and professional health-related education, and other medical decisions or services for a patient

Remote Non-Clinical Services: For the purposes of the RPHWTN program, remote non-clinical services as referenced in the 'Telehealth' definition include but are not limited to: provider and health professionals training, research and evaluation, the continuation of medical education, online information and education resources, individual mentoring and instruction, health care administration including video conferences for managers of integrated health systems, utilization and quality monitoring;

Rural Area: Project area determined rural as defined by HRSA Rural Health Grants Eligibility Advisor: <https://data.hrsa.gov/tools/rural-health?tab=Address>.

Telehealth: For the purposes of the RPHWTN program, telehealth is defined as the use of electronic information and telecommunication technologies to support remote clinical services and remote non-clinical services.

Telecommunication Technologies: For the purposes of the RPHWTN program, telecommunication technologies as referenced in the 'Telehealth' definition include but are not limited to: mobile health, video conferencing (with or without video), digital

¹⁹ The Centers for Disease Control and Prevention www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html (accessed November 29,2021)

photography, store-and forward/asynchronous imaging, streaming media, wireless communication, telephone calls, remote patient monitoring through electronic devices such as wearables, mobile devices, smartphone apps; internet-enabled computers, and specialty portals or platforms that enable secure electronic messaging and/or audio or video communication between providers or staff and patients, not including EMR/EHR systems.

Underserved Communities: [The] populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'²⁰

Well-Paying, Quality Jobs: A job that exceeds the local prevailing wage for an industry in the region, includes basic benefits (e.g., paid leave, health insurance, retirement/savings plan) and/or is unionized, and helps the employee develop the skills and experiences necessary to advance along a career path.²¹

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

²¹ <https://eda.gov/files/about/investment-priorities/EDA-FY21-Investment-Priorities-Definitions-June.pdf>

Appendix B: Rural Public Health Workforce Training Network Program Useful Resources

This is not intended to be a comprehensive list of resources.

- RHI Hub – Rural Health Networks and Coalitions Toolkit
 - <https://www.ruralhealthinfo.org/toolkits/networks>
- RHI Hub – Social Determinants of Health Toolkit
 - <https://www.ruralhealthinfo.org/toolkits/sdoh>
- WorkCred
 - <https://workcred.org/About-Workcred/What-We-Do.aspx>
- State Licensing Standards
 - <https://www.careeronestop.org/Toolkit/Training/find-licenses.aspx>
- Certification Finder
 - <https://www.careeronestop.org/Toolkit/Training/find-certifications.aspx>

Workforce Training Track #1 – Community Based Support:

- RHI Hub – Rural Services Integration Toolkit
 - <https://www.ruralhealthinfo.org/toolkits/services-integration>
- AHRQ Pathways Community HUB Manual
 - <https://www.ahrq.gov/innovations/hub/index.html>
- Impact of Doulas on Healthy Birth Outcomes
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>
- Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid
 - <https://www.nashp.org/four-state-strategies-to-employ-doulas-to-improve-maternal-health-and-birth-outcomes-in-medicaid/>
- DONA International
 - <https://www.dona.org/>
- Community-Based Doulas and Midwives: Key to Addressing the U.S. Maternal Health Crisis
 - <https://www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives/>

Workforce Training Track #2 – Health IT and Telehealth

- Health Information Technology, Evaluation and Quality Center
 - <https://hiteqcenter.org/Resources>

Workforce Training Track #3 - Community Paramedicine

- [Implementing and Sustaining Rural Community Paramedicine](#) by National Rural Health Resource Center
- RHI Hub – Rural Community Paramedicine toolkit
 - <https://www.ruralhealthinfo.org/toolkits/community-paramedicine>

Workforce Training Track #4 – Case management and respiratory therapists

- RHI Hub – Care Managers – Care Coordination Toolkit
 - <https://www.ruralhealthinfo.org/toolkits/care-coordination/2/care-coordinator-model/care-managers>

Appendix C: Draft Rural Public Health Workforce Training Network (RPHTWN) Program Performance Measures

FORHP is still developing the required performance measures for the RPHTWN Program. For the purposes of this funding opportunity, FORHP has included a draft of the RPHTWN program specific measures. The final RPHTWN performance measures will be shared upon grant award and award recipients will be required to report on the performance measures annually.

ALL WORKFORCE TRAINING TRACKS:

1. Number of students trained overall and then in the selected track
2. Number of students placed in a permanent or contract position as result of the RPHTWN program
3. Total positions filled overall and then in the selected track
4. Estimated annual income for RPHTWN participants before and after the program
5. Target Population
6. Participant Demographics
7. Measures related to Network impacts (e.g., qualitative impacts on clinical network partners of these positions such as increase in value, reduced accounts receivable, etc.)
8. Number of enrollees earning a certification

For the Community-Based Support track:

1. Number of CHWs with cross-trained skills
2. If CHWs were trained to conduct benefits counseling, the number of individuals they were able to successfully enroll in coverage

For the Health IT track:

1. Number of staff with expanded skillsets around Health IT
2. Number of new Health IT trained employees
3. The number of participants achieving measurable skill gains (participants include new and existing staff)
4. Number of staff that were cross-trained

For the Community Paramedicine track:

1. Number of new Community Paramedic programs created
2. Number of Community Paramedic programs expanded
3. Number of staff that were cross-trained

For the Case management staff and respiratory therapists track:

1. Number of Respiratory Therapy programs created or expanded
2. Number of Respiratory Therapists trained
3. Number of Respiratory Therapists placed
4. Number of staff that were cross-trained
5. Percentage of expanded access to case management and/or pulmonary services