

Date: May 8, 2015

Subject: Overview of Rural Child Poverty Telehealth Network Grant Program Funding Opportunity

Earlier this week, the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) announced the availability of a three-year grant to expand existing telehealth networks to benefit impoverished children in rural communities. This new federal funding opportunity—which has an extremely short application window—could benefit existing community and regional broadband network.

Although funding from the Rural Child Poverty Telehealth Network Grant Program (RCP-TNGP) cannot be used to finance broadband construction, the program would provide a way for local governments or consortia to leverage existing infrastructure.

A brief description of the program based on the FOA is attached below. You can find additional instructions in the application guide (available online at <http://www.grants.gov/view-opportunity.html?oppld=276392>).

We encourage you to explore this opportunity—but applications are due on June 22, 2015, so act quickly.

U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)

Rural Child Poverty Telehealth Network Grant Program

The Rural Child Poverty Telehealth Network Grant Program supports projects that address the health care needs of children living in impoverished rural areas through the integration of human and social service organizations into traditional telehealth networks. Applicants are encouraged to link together the broad range of other HHS-supported programs that may impact health outcomes of impoverished rural children such as Maternal and Infant Early Childhood Home Visiting and Healthy Start.

Nature of Award: Grant

FY 2015 Resources: \$975,000 per year for three years (to be applied to three awards)

Typical Grant Award: Applicants may request up to \$325,000 per year for three years (with funding beyond year one subject to appropriations)

Cost-Share Requirement: None

Applicable Deadlines: Applications must be submitted (via grants.gov) by June 22, 2015. Awards will be announced by September 1, 2015.

Program Mission: The RCP-TNGP is a three-year pilot program to support established telehealth networks to develop innovative ways to address the unique health care challenges faced by children living in impoverished rural areas.

Entities Funded: Eligible applicants include rural or urban nonprofit entities that will provide services through a telehealth network. An entity participating in the network may be a nonprofit or for-profit entity. Faith-based, community-based, and tribal organizations are eligible to apply.

The telehealth network shall include at least two of the following entities (at least one of which shall be a community-based health care provider):

- Community or migrant health centers or other federally qualified health centers;
- Health care providers, including pharmacists, in private practice;
- Entities operating clinics, including rural health clinics;
- Local health departments;
- Nonprofit hospitals, including community access hospitals;
- Other publicly funded health or human/social service agencies;
- Long-term care providers;

- Providers of health care services in the home;
- Providers of outpatient mental health services and entities operating outpatient mental health facilities;
- Local or regional emergency health care providers;
- Institutions of higher education; or
- Entities operating dental clinics.

Funding preference will be given to applicants that meet a number of criteria, including those that coordinate with other federally funded projects in the project area.¹

Projects Funded:

Applications will be reviewed based on six criteria (totaling 100 points):

1. *Need* (30 points). Among other things, need will be determined based on documented evidence of poverty, lack of existing services, and the community's support for the network.
2. *Response* (20 points). Response is based, in part, on the adequacy of the work plan, ability to link together other HHS-supported programs, and the alignment of the proposed services to the demand of the target community.
3. *Evaluative Measures* (10 points). This criterion is based on the effectiveness of the method proposed to monitor and assess the project results, the ability to report on specific performance measures (e.g., patients served and patient travel miles avoided), and the inclusion of clear annual benchmarks.
4. *Impact* (15 points). Impact is based on how the health status of children living in poverty will be improved due to the project, the ability to reach potential patients, and plans to sustain this impact beyond the grant period. This assessment must reflect awareness of the likely challenges.
5. *Resources/ Capabilities* (15 points). Resources and capabilities are based on prior experience, the extent to which project personnel are qualified to implement the project, and evidence of support for the project by health-service providers in the community.
6. *Support Requested* (10 points). The application will be evaluated based on the extent to which the budget is detailed, realistic, and limited to permitted expenses.

Review criteria are further elaborated in the FOA (pp. 16-19).

Restrictions:

Projects must focus on the health care needs of children living in impoverished rural areas. Services must be provided to rural areas, although the applicant can be located in an urban area.

¹ Funding preference is given for a large number of reasons detailed at pp. 19-20 in the FOA. We recommend reviewing this list and tailoring the application accordingly.

All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural.²

Awards may not be used for the following purposes:

1. To acquire real property;
2. To purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total grant funds;
3. To purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
4. To pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;
5. To purchase or install general purpose voice telephone systems;
6. For construction; or
7. For indirect costs exceeding 15 percent of the total grant funds.

Other Requirements:

- Applicants must obtain a valid [DUNS number](#). This process is free and takes only one to two business days to complete. DUNS numbers can be secured [through the webform](#) or by calling Dun & Bradstreet (800-526-9018).
- Applicants must also register with the System for Award Management (SAM) and continue to maintain active [SAM registration](#) with current information (i.e., subject to annual renewal). Note that SAM applications can take three to 12 days to process.
- Applications must be submitted electronically via grants.gov. For guidelines on electronic submission process, see [HRSA Electronic Submission User Guide](#).
- Application package must not exceed 80 pages.
- Applications must conform to HRSA's [SF-424 Application Guide](#), which details requirements for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract.
- Additional application requirements (e.g., for the project narrative, budget, documentation of rural eligibility, Memoranda of Agreement, personnel descriptions, and project organization chart) are elaborated in the FOA (pp. 5-15).
- Grantees will be subject to a number of reporting requirements, including annual progress reports, performance measures (e.g., service availability in the project area, patient travel miles saved, number of practitioner referrals), a final sustainability plan anticipating how the

² A listing of eligible counties and census tracts is available online: <ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf>

project will continue upon expiration of the grant period, a final report reflecting on program-specific goals and barriers, and a final assessment plan.

Key Resources:

- Application materials and synopsis: <http://www.grants.gov/view-opportunity.html?oppld=276392>
- FOA: <http://www.grants.gov/view-opportunity.html?oppld=276392>
- HRSA Application Guide: <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>
- Dun and Bradstreet number can be obtained online at <http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>
- Sam registration must be up-to-date: <https://www.sam.gov>
- Applications must be submitted via grants.gov (by downloading the SF-424 application package)

Agency Contact:

- Department of Health and Human Services, Health Resources and Services Administration (Carlos Mena, cmena@hrsa.gov or 301-443-3198)