Community Interoperability and Health Information Exchange Cooperative Agreement Program Funding Opportunity Announcement

Contents

Opportunity Overview

Funding Opportunity Announcement Title: Community Interoperability and Health Information Exchange Cooperative Agreement Program

Federal Funding Agency: Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS)

Announcement Type: Cooperative Agreement

Funding Opportunity Number: II-II-15-002

Catalog of Federal Domestic Assistance (CFDA) Number: 93.239

Statutory Authority:

Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. No. 113-235, Division G, Title II, ("For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, $60,367,000.") and Title XXX, §3011 of the Public Health Service Act.

Approximate amount of funding available: $1,000,000

Anticipated number of awards: Up to ten (10) awards

Approximate Range of funding per award: $100,000

Period of Performance: 1 year

Important Dates: The table below sets out the required submission and other useful target dates related to the Funding Opportunity Announcement (FOA).

Public FOA Release	April 14, 2015
Notice of Intent to Apply Due	May 15, 2015 at 11:59 p.m. EST
Applications Due	June 15, 2015 at 11:59 p.m. EST
Estimated Award Announcements	August 14, 2015
Anticipated Project Start Date	August 14, 2015

Executive Summary

This Funding Opportunity Announcement (FOA) will provide funds to entities (United States-based non-profit institution or organization, state or local government, agency or group in a designated community) to work collaboratively with non-eligible care providers[1] to identify opportunities to support and extend the use of secure, interoperable health information technology (health IT) tools and health information exchange (HIE) services. This FOA will build upon existing community efforts to ensure health information is appropriately accessed and used to support people improve their health. Additionally, this FOA will help increase the number of non-eligible care providers who are able to send, receive, find, and use electronic health information (inclusive of all determinants of health) in a manner that is appropriate, standardized, secure, timely, and reliable for both senders and receivers. This FOA will be a full and open competition. Up to ten (10) new cooperative agreements will be awarded. This new FOA will fund organizations for one year that propose actionable approaches to extend an existing HIE service or use case to a non-eligible care provider population and engage the population in to share health data across the entire health spectrum of care. Exchanging of health information is both critical to enable care coordination and other improvements and to support both individual and community health.

The U.S. Department of Health and Human Services activities support community efforts to increase adoption and use of health information exchange. The total funding available under this FOA is $1,000,000. Applicants are encouraged, but not required, to propose projects that could be replicable in other communities and are cross jurisdictional, interstate or regional in nature. However, one entity must act as the responsible fiscal agent and submit the application on behalf of all the partners.

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[1] Non-eligible providers includes those not eligible for the Centers for Medicare & Medicaid Services'(CMS) Electronic Health Record(EHR) Incentive Programs (EHR Incentive Programs), including long-term and post-acute care (LTPAC) providers, behavioral health providers, individuals (includes care providers and others including family members authorized to act on the patient's behalf) and other care settings and care providers (e.g., safety net providers, public health, social services, emergency medical services) or other recognized stakeholders that applicants are encouraged to engage. *See* http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/

I.   Funding Opportunity Description

A.   Background

The U.S. Department of Health and Human Services (HHS) has an important responsibility to advance the connectivity of electronic health information and interoperability of health IT. This responsibility is consistent with HHS's mission to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves. This work has become particularly urgent given the need to address the national priority of better health, smarter spending and healthier people. Achieving this goal will only be possible with a strong and flexible health IT ecosystem that can appropriately support transparency and decision-making, reduce redundancy, inform payment reform, and help to transform care into a model that enhances access and addresses health beyond the confines of the health care system. This infrastructure will support more efficient and effective systems, scientific advancement, and lead to a continuously improving health system that empowers individuals, customizes treatment, and accelerates cure of disease.

Interoperability is generally accepted to mean the ability of two or more systems or components to exchange information and use the information that has been exchanged.[2] There are two steps to interoperability: 1) the ability to *exchange* information; and 2) the ability to *use* the information that is exchanged. By building incrementally over time from current technology using multiple methods of exchange, an interoperable health IT ecosystem makes the right data available to the right people at the right time across products and organizations in a way that can be relied upon and meaningfully used. As a first step in working towards a consensus-driven interoperability roadmap as articulated in the HHS Principles and Strategy for Accelerating Health Information Exchange, the Office of the National Coordinator for Health Information Technology (ONC) released the concept paper, A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure in June 2014 and then in January 2015 the more recent Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)(draft Roadmap) and the Federal Health IT Strategic Plan 2015-2020. In addition, ONC recently released three funding opportunities, including the Advance Interoperable Health Information Technology Services to Support Health Information Exchange Funding Opportunity Announcement (Advance HIE FOA), to support the draft Roadmap and a broad scale learning heath system by 2024. All of these efforts support the goal of ensuring that all individuals and care providers can send, receive, find, and use a basic set of essential electronic health information across the health care continuum to enhance care coordination and enable health system reform to improve care quality.

The first interoperability step, health information exchange (HIE), viewed as a verb not a noun, enables health care professionals and individuals to electronically access and securely share an individual's essential health information. In 2010, ONC, through the State Health Information Exchange Cooperative Agreement Program, awarded funding to states and territories to rapidly build capacity for exchanging health information across the health system both within and across states. Today, state, territory and community-based exchanges and enterprise and private exchange networks are enabling and supporting three primary types of HIE[3]:

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[2] *See* IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries (New York, NY: 1990).

[3] The Strategy for Advancing the Exchange of Health Information http://content.healthaffairs.org/content/31/3/527.abstract?sid=bb311bc8-2442-4d73-b90e-e33e8ef91f40

- Directed exchange: point-to-point, secure, electronic communication enabling sending and receiving of health information between care providers and individuals to support coordinated care. This includes the Direct Project[4] specifications and other industry approaches to secure messaging. Other technologies have also been in use for some time to support unsolicited transmission of electronic health information including, secure File Transfer Protocol (sFTP) and Simple Object Access protocol (SOAP) and Representational State Transfer (REST).[5]
- Query-based exchange: pull transactions, or query through an HIE entity, enabling a user to submit a request for individual information and ask the HIE entity to discover and provide any records it may have about the patient in accordance with policies governing patient consent and data use agreements between exchange users. A variety of technologies and standards are in use to support query, including HIE profiles, which have become the basis for a variety of efforts (including the eHealth Exchange, EHR|HIE Work Group and the Care Connectivity Consortium). Web services are widely used with these and other standards to enable query/response transactions.[6]
- Consumer mediated exchange: ability for individuals to collect, use, share and control their health information among and between providers and other sources of their health information.

As we move forward, health information exchange continues to evolve and grow. Transport standards, or specified ways to move data from place to place, will continue to be developed and maintained to support various interoperability needs. In particular those priorities identified through a coordinated governance process based on the architecture of a learning health system. Transport standards should be consistent with core Internet technologies that are spread throughout. Direct is one core exchange technology. Web services based on SOAP (using HIE profiles) and RESTful approaches—including HL7's Fast Healthcare Interoperability Resources (FHIR)—will continue to be used for more automated transactions, including query/response and some point-to-point transactions. Additionally, to support individual sharing of electronic health information, as well as patient-generated data, secure transport techniques will be necessary.7

The increased use of HIE services is happening across the nation[8]. However, in the past decade, the United States has made dramatic advancements in digitizing the care delivery system:
- Over one half of office-based professionals and more than 8 in 10 hospitals are meaningfully using EHRs.[9]

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[4] http://wiki.directproject.org/
[5] Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)
[6] Ibid.
[7] Ibid.
[8] See http://www.healthit.gov/policy-researchers-implementers/hie-bright-spots for examples of lessons and successes from recent health information exchange efforts and http://healthit.gov/policy-researchers-implementers/state-hie-program-measures-dashboard for data on adoption and use of exchange activity supported and/or enabled by State HIE Cooperative Agreement grantees.
[9] http://www.healthit.gov/facas/sites/faca/files/HITPC_Data_Analytics_Update_2014-04-08.pdf

- Half of hospitals are able to electronically search for patient information from sources beyond their organization or health system.[10]
- The format of electronic clinical care summaries is standardized and the EHR Incentive Programs have specified minimum data elements that must be included when summaries are exchanged.
- All 50 states have some form of health information exchange services available to support care.[11]

By 2024[12], individuals, care providers, communities, payors and researchers should have an array of interoperable health IT products and services that allow the health care system to continuously learn and advance the goal of improved health care and health. Individuals should be able to securely share electronic health information with care providers and novel health information sources (e.g., personal health records, patient portals, and evidence based mobile apps) and make use of the information to support their own health and wellness through informed shared decision-making. An interoperable health IT ecosystem should support data movement and critical population public health functions such as real-time disease surveillance and disaster response, and data aggregation for research and value-based payment that rewards higher quality care. This health IT ecosystem should also be a place where people and communities can effectively use and manage their health data to improve where they live, work, and play.

This funding opportunity announcement will provide entities (United States-based non-profit institution or organization, state or local government, agency or group in a designated community) the opportunity to collaborate with providers and individuals, who have been excluded from federal incentive programs (i.e., CMS's EHR Incentive Programs). Community entities will work with these providers to send, receive, find and use HIE services and health IT tools to move towards a learning health system.[13]

B.   Purpose

The objective of this FOA is to inspire community entities (United States-based non-profit institution or organization, state or local government, agency or group in a designated community) to work collaboratively with non-eligible care providers, those providers not eligible for the EHR Incentive Programs, to identify opportunities to support and extend the use of secure, interoperable health IT tools and HIE services that will eventually lead to the enabling of individual and community health improvement through collective impact[14].   Communities have a much greater chance of improving health and well-being if organizations collaborate to create formal and informal networks to integrate health and social and community services.[15] Health should be viewed beyond the walls of health care, and is inclusive of all the determinants of health.[16]

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[10] Office of the National Coordinator for Health Information Technology. 'U.S. Hospitals' Capability to Electronically Query Patient Health Information from Outside Their Organization and System,' Health IT Quick-Stat, no. 25. April 2014

[11] http://healthit.gov/policy-researchers-implementers/state-hie-implementation-status

[12] http://healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf

[13] Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)

[14] http://www.ssireview.org/articles/entry/collective_impact

[15] http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf418628

[16] http://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health

The term "care providers" is defined broadly to reflect the entire health care continuum. Non-eligible care providers include: long-term and post-acute care (LTPAC), behavioral health, individuals[17] and other care settings and care providers (e.g., safety net providers, public health, social services, emergency medical services) or other recognized stakeholders that applicants are encouraged to engage.

For purposes of this funding opportunity, health IT tools should not include the purchase and adoption of EHRs, but instead tools that promote data sharing between providers and individuals (e.g., patient portals, personal health records, and mobile health technologies).

This FOA will enable applicants to increase use of HIE and adoption of health IT among non-eligible care providers in the community to help address critical challenges to widespread interoperability including, but not limited to, the following:

- Proprietary vendor or health care system interests;
- Workflow challenges in automating health information;
- Differing policies and laws governing electronic health information sharing;
- Fragmentation of the health care system; and
- Disconnection between the health care system and key social service providers.[18]

These funds can be used to foster connections and data sharing between non-eligible care providers in existing community HIE efforts but not to fund separate siloed efforts for non-eligible care providers. HHS will fund approximately ten (10) community interoperability projects to address high-impact use cases through the accelerated adoption and use of standards-based interoperable tools and to increase HIE services among non-eligible care providers in order to achieve a learning health system.

This FOA is intended to direct resources to specifically support non-eligible care providers in HIE adoption and use and to develop models for a learning health system. Although the FOA does not direct resources specifically to eligible professionals and eligible hospitals as defined in the EHR Incentive programs, it will support the work they do to share and coordinate care with non-eligible care providers. Technical assistance and support for eligible professionals and eligible hospitals has also been made available through funding from the Regional Extension Center Program.

C.   Program Description

The Community Interoperability and Health Information Exchange Cooperative Agreement Program will fund organizations that propose actionable approaches to increase adoption and use of standards-based interoperable health IT tools and HIE services among non-eligible care providers through effective training and workflow redesign. Proposed projects will leverage existing state and local health IT and HIE assets that may have resulted from the previous State HIE Program. The prior work of the State HIE Program, along with this funding opportunity and the recently released ONC FOAs (specifically the Advance HIE FOA), should, in combination, continue and complement each other to support the work and goals of the draft Interoperability Roadmap.

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[17] For the purposes of this FOA, the term "individual" includes care providers and others including family members authorized to act on the patient's behalf.
[18] Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (DRAFT Version 1.0)

All applications must address the project theme of supporting non-eligible care providers to send, receive, find, and use electronic health information in a manner that is appropriate, secure, timely, and reliable for both senders and receivers. Applicants will identify and use a common clinical data set across unaffiliated organizations that align with national standards to improve care coordination and promote a learning environment. Awards may go to communities where EHRs are not in place—there are HIE activities and health IT solutions where an EHR is not necessary to exchange health information. Cross jurisdictional, interstate or regional collaborative projects are encouraged. Applicants will need to describe how the proposed project will contribute towards achievement of a learning health system in their community and how the project will ensure continuous learning, innovation and quality improvement. Proposed projects should focus on all three of the following areas to support the project theme.

D.   Project Approach

Area One: Identify a specific non-eligible care provider population—those who will ultimately use the HIE service or tool

Applicants should target a non-eligible care provider population that will adopt and use the specified health IT tool or HIE service under this funding opportunity announcement. Applicants should seek to identify a specific non-eligible care provider population that has a compelling interest in adoption and use of health information exchange. Below are some examples of non-eligible care providers that would serve individuals better as part of the care continuum, and support a more comprehensive, integrated individual record or care plan:

- Long-term and post-acute care providers (LTPAC)
- Behavioral health
- Individuals—including care providers and other family members authorized to act on a patient's behalf;
- Other care settings and care providers (e.g. safety net providers and those serving vulnerable populations, public health, social services, emergency medical services) are recognized clinical and non-clinical stakeholders across the entire care continuum that applicants are encouraged to engage.

Area Two: Extend an existing HIE service or use case

Below is a list of example projects; however, applicants are not limited to this list:

Facilitate transitions of care and promote care coordination. Applicants could expand or extend the use of an existing, in production HIE service. Some examples are as follows:

- Improve long-term and post-acute care transitions by extending an HIE service or health IT tool (e.g., Direct mailboxes) to skilled nursing facilities and provide a training for staff on how to incorporate these services into provider workflows.

- Improve pre-hospital quality of care and potentially decrease emergency room transports by onboarding emergency medical services (EMS) to a Health Information Organization/Health Information Exchange to allow access to electronic health information and support the sharing of electronic health information with the hospital.
- Improve care coordination with behavioral health providers by extending an HIE service or health IT tool (e.g., Direct mailboxes or access to a Health Information Organization/Health Information Exchange query portal) to better share clinical health information and to improve integration of behavioral and physical health information.
- Support the individual continuum of care by expanding HIE connectivity and the use of data by other providers (e.g., public health, behavioral health, and others). Applicants should support and facilitate exchange between these providers by sharing electronic health information such as clinical summaries, care plans, or medication lists with the entire care team.
- Increase individual (including care providers and family members) access to their health data electronically, including behavioral health to ensure their data moves with them and they have access when and where when needed. This could be accomplished through increasing use of standards-based, secure exchange tools such as an HIE shared personal health record (PHR), patient portal, or mobile health IT application. Increasing access to these tools will better enable individuals to make choices about disclosure of specific information that is sensitive to an individual and/or legally protected and allow easy, timely, secure access to download, and share their health information.

Individual population focus to improve care coordination. Applicants could focus efforts on a specific non-eligible care provider, such as a community-based care program, and create a digital infrastructure to better integrate the community-based organization with electronic health information for individuals. Some examples are as follows:
- Extend existing health IT tools and HIE services (i.e., Direct services or access to a Health Information Organization/Health Information Exchange query portal) to interconnect or link school, child care, health care provider, hospital information, pharmacy and legal systems. This would ensure that children, adolescents and their family have a longitudinal record of care captured from various medical and nonmedical points of care.
- Use a health information portal or HIE tool to link a hospital and a local social service agency so that they can better access electronic health records to improve individual health. This may enable a hospital to share electronic health information with a home visitor immediately after a baby is born, or a worker at a homeless shelter to take an individual's blood pressure and share the results immediately with the hospital staff for follow-up.

Community care coordination. Applicants could propose to extend a community-based care transition effort and to support the linking and exchange of medical and nonmedical data (e.g., social, environmental, and behavioral). Some examples are as follows:
- Expand HIE services to health educators or health professionals who visit discharged individuals as they transition from the hospital to their home or other health care settings. By encouraging

them to use health IT services such as Direct messaging, clinical alerting or event notifications, they will be able to securely share updates, identify concerns, and send notifications when individuals are discharged and returned home or to another place of residence.

- Extend or broaden current electronic referral or electronic consult services within the community among providers and social service agencies or other organizations. This would increase the sharing and exchanging of not only clinical data but also other determinants of health data that would support the entire health and well-being of individuals.

Building HIE Capacity. Applicants could propose to support non-eligible care providers without EHRs. There are several low-cost, community-driven, standards-based health IT tools (e.g., IMPACT SEE Tool, BEAT–ADT Tool, Transform, Consent2Share, PopHealth and other emerging tools) that could support the interoperable exchange of electronic health information for those without EHRs. Applicants will need to provide a description regarding plans to integrate these tools into existing infrastructure and the proposed timeline to enable use by non-eligible care providers. Applicants must make any software they build fully open source, either under an Apache 2.0 license or a license that is even less restrictive than Apache 2.0.

Area Three: Engagement strategy for Use by the Non-eligible care provider population

Finally, applicants must describe the strategy and approach that they will use to engage the specified non-eligible care provider population, both to successfully onboard them to the health IT or HIE solution, and to demonstrate effective use within the specified timeframe. Applicants should describe their onboarding, technical assistance, and/or training and education strategy and provide a justification for why they believe that their strategy will be successful. An example could be providing technical assistance to a non-eligible care provider population around workflow or workflow redesign to implement the new HIE service and demonstrating how it will improve quality care. The engagement strategy can be built upon previous successful experiences with the target population, strong relationships with targeted non-eligible care providers, or a strong evidence base.

E.   Proposal Criteria

Applicants must address the following in their proposal:
- Describe the overall community, specifically the non-eligible care provider target population, and their current use of the proposed HIE service extension or use case.
- How the proposed project will complement, build upon, or leverage existing health IT infrastructure and coordinate with, not duplicate, existing efforts occurring through other state and federal partners including but not limited to: the CMS State Innovation Model, Health Care Innovation Awards, the Medicaid Accelerator Program, and other recent ONC FOAs.
- How applicants will extend existing HIE services to a specific non-eligible care provider population and achieve proposed milestones to increase adoption and use of the HIE service.
- How the proposed project will build processes necessary to track/improve electronic health information exchange for individual and community health.

- How the proposed project will aid in the achievement of a learning health system within the community, as described in the draft Interoperability Roadmap.
- What standards will the project support and what infrastructure/technology is "live" or used in the real world by other participants across the care continuum.
- How the proposed project will be evaluated and measured.
- Through the use of a logic model, describe how the funding and proposed work will support objectives such as improving care quality, reducing inappropriate utilization of health care, delivering more efficient care, building processes necessary to track/improve individual outcomes, or increasing individual activation/engagement (*see* Appendix B).
- Identify assumptions made in the organization, financing, technical infrastructure, political climate and stakeholder participation to identify the facets of both scalability and replicability.
- How to share lessons learned, challenges, successes, outcomes (e.g., via news articles, journals, presentations, communities of practice, traditional and non-traditional media outlets, etc.) and how the proposed project may be replicated in a similar community or region.

F.   General Funding Requirements

All applications must address the following requirements:
- The applicant's approach can focus on a targeted geographic area and set of participants within a region, state or community, but must address health information exchange with non-eligible care providers not already benefiting from HIE services. The specific geographic target area and partners must be defined.
- Applicants must create results (i.e., technology, process, and infrastructure) that are openly available and reusable by others. For example, by offering such solutions as community-driven, standards-based tools or under Apache 2.0 license or a license that is even less restrictive than Apache 2.0.
- Initiatives must strive to create processes, strategies and approaches that are scalable and replicable in other communities, regions, states and/or territories.
- Where applicable, the awardee (also referred to as "grantee" in this FOA) should use the EHR technology standards and implementation specifications adopted by HHS or another federal agency and any other standards and implementation specifications identified by ONC, including those that may be applicable to the Nationwide Health Information Network (NwHIN)[19]. Applicants will enable and support non-eligible care providers to send, receive, find and use a common clinical data set (that aligns with national standards) across unaffiliated organizations to improve care coordination and promote a learning environment. *See* Appendix C for example certification criteria that support interoperability. Awardees should also plan to participate, when possible, in ONC committees, work groups, communities of practice and other meetings or events to support the development and refinement of health IT standards and specifications.

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[19] http://www.healthit.gov/policy-researchers-implementers/nationwide-health-information-network-nwhin

G.   Project Deliverables, Evaluation and Measurement

This FOA allows flexibility for applicants to propose projects that support and enable local and innovative health information exchange. Depending upon the project, and the non-eligible care provider population we will measure awardee success, during the reporting period, by the effect of this project on the following:

- Total number or percent increase of onboarding new non-eligible care providers to the HIE service.
- Total number of secure messages delivered to distinct production (non-test) end points by the non-eligible care provider population.
- Total number of patient record queries or transactions submitted through the applicant by the non-eligible care provider population.
- Total number or percent increase of onboarding new individuals to an untethered Personal Health Record, patient portal, or other solution.
- Total numbers of individuals, who are able to view, download or transmit to a third party their electronic health information.
- Use of qualitative data methods to assess engagement strategy.

The applicant will work with the non-eligible care provider population to determine baseline data on adoption and use for the non-eligible care provider population participating in the project. The applicant will determine appropriate milestones of professionals or individuals within the non-eligible care provider population to successfully adopt and use the health IT tool or HIE services based on geographic size, service area of applying community entity and other factors in the market or region and determine the frequency of adoption and usage over the one year time period. This system of reporting on adoption and use of health information exchange may be created to generate individual level reports for internal use and aggregated reports for ONC.

Awardees will be required to use ONC's Customer Relationship Management Tool (CRM). The CRM will be used for tracking non-eligible care provider milestone information. Post award, ONC will provide the awardee with access and additional information about the CRM. Awardees will partner with ONC to establish quarterly reporting mechanisms in the CRM to track and monitor progress towards milestones (qualitative and quantitative data).

The proposed deliverable at the end of the period of performance will be a public-facing Final Project Report. The Report will document the project and include: challenges, successes, baseline and benchmark data for the target population, engagement strategies of the target population (training and workflow redesign solutions), how the project may be adopted or replicated, and how the project links back to a learning health system.

Additional use or transaction milestones may be established post award. Attendance at one ONC meeting is highly encouraged.

II.   Award Information

A.   Summary of Funding

Type of Award:	Cooperative Agreement
Approximate Amount of Funding Available:	$1,000,000
Award Floor:	$50,000
Award Ceiling:	$100,000
Maximum Applications per Applicant:	One
Approximate Number of Awards:	Up to ten (10)
Project Period and Budget Period End Date:	1 year after date of award
Estimated Start Date:	August 14, 2015

ONC reserves the right to make additional awards under this announcement, consistent with Agency policy, if additional funding becomes available after the original selections are made. Any additional selections for awards will be made no later than 12 months after the original selection decisions.

B.   Performance Evaluation

The Awardee's performance will be evaluated on a continuous basis by ONC to ensure that the project is meeting program objectives.

C.   Award Type

The funding instrument used for this program will be the cooperative agreement, an award type in which substantial ONC programmatic involvement with each grantee is anticipated during the performance of the activities. Under the cooperative agreement, ONC's purpose is to support and stimulate a grantee's activities by involvement in and otherwise working jointly with the grantees in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with each grantee for the project as a whole, although specific tasks and activities may be shared among a grantee and ONC as defined below.

D.   Substantial Involvement in Cooperative Agreements

Awards will be in the form of Cooperative Agreements. ONC will work closely with each grantee to plan and implement progress in a collaborative way.

III.   Eligibility Information

A.   Eligible Applicants

Applicants must be a United States-based non-profit institution or organization, state or local government, agency or group. Applications must meet the requirements of Responsiveness and Completeness Criteria found under Section III.C and D below.

B.   Cost-Sharing or Matching

There is no cost-sharing or matching requirement.

C.   Application Responsiveness Criteria

Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be sent forward for merit review:
- The application clearly addresses the project theme (Section I.C).
- The applicant meets the eligibility criteria as required by Section III.A, Eligible Applicants.
- The application is complete and includes the required components (Section IV.B), including all elements of the program narrative needed to forward it for merit review.

D.   Application Completeness Criteria

ONC will screen all applications to identify those that do not meet criteria outlined below. The application screening criteria are:
- The application is received by the deadline required under Section IV.C, Submission Dates and Times.
- The application meets the formatting and length requirements found in Section IV.B, Content and Form of Application Submission.
- The application includes specification of the geographic area and target population (estimated number of individuals and/or providers) of the project.
- Appendices and attachments are not used as a mechanism to exceed page limits of the Project Narrative.

IV.   Application and Submission Information

A.   Address to Request Application Package

The applicants will be able to download a copy of the application packet, complete it off-line and then upload and submit the application electronically via: http://www.grants.gov.
APPLICATIONS WILL NOT BE ACCEPTED THROUGH ANY WEBSITE, AND WILL NOT BE ACCEPTED THROUGH PAPER MAIL, COURIER, OR DELIVERY SERVICE.

- THE APPLICANTS ARE STRONGLY ENCOURAGED TO COMPLETE AND SUBMIT APPLICATIONS AS FAR IN ADVANCE OF THE SUBMISSION DEADLINE AS POSSIBLE. THE APPLICATION INCLUDING ALL REQUIRED ATTACHMENTS AND INCLUDED FILES FOR POTENTIAL CONSIDERATION IN THE REVIEW PROCESS MUST BE RECEIVED BY 11:59 PM EASTERN TIME ON THE DATE SPECIFIED IN SECTION IV C, BELOW. All applicants should have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Systems for Award Management (SAM). Allow a minimum of five (5) days to complete the SAM registration.
- Grants.gov will automatically send lead awardees a tracking number and date of receipt verification electronically once the application has been successfully received and validated in Grants.gov.

Application procedures:

- Applicants must access the electronic application for this program via http://www.grants.gov. Search the downloadable application page by the Funding Opportunity Number II-II-15-002or CFDA number (93.239).
- Applicants should have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the System for Award Management (SAM). Allow a minimum of five days to complete the SAM registration. It is critical to know that SAM registration requires an annual renewal.
- Submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Ensure that the application complies with any page limitation requirements described in this Program Guidance.
- After electronically submitting your application, an automatic email notification will be sent to confirm that the application was received. This notification does not provide assurance that your application was complete, only that the email was received.
- After ONC reviews the submission, a return receipt will be emailed to the lead Grantee contact indicating the files that were received and able to be successfully opened and read. Organizations applying for federal grants will need to be registered with the System for Award Management (SAM) . You can register with the SAM online in about 30 minutes (http://www.sam.gov). If you have already registered with SAM, but have not renewed your registration in the last 12 months, you will need to renew your registration at http://www.sam.gov.

<u>Key Contact for Applications:</u>
Inquiries should be addressed to:
U.S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Email: HIECommunityFOA@hhs.gov

B.   Content and Form of Application Submission

Project Abstract

Applicants must include an abstract of the application of no more than two pages single spaced and 500 words. This abstract is often distributed to provide information to the public and Congress and represents a high-level summary of the project. Applicants should prepare a clear, accurate, and concise abstract that can be understood without reference to other parts of the application and which gives a description of the proposed project, including: the project's goal(s), objectives, the project theme addressed, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration.
The Project Abstract must have a font size of no less than 11 point Times New Roman font.
The applicant must place the following information at the top of the Project Abstract (this information is not included in the 500 word maximum):

- project title;
- state/territory, geographic area and specific non-eligible care provider population for the project;
- applicant name;
- address;
- contact name;
- contact phone numbers (voice, fax);
- e-mail address;
- web site address, if applicable; and
- Congressional Districts within the target area.

Budget Forms

All applicants are required to fill out the following budget forms to include the costs associated with the proposed project activities. These forms will be submitted through grants.gov as part of the application package and will include the following:

Application for Federal Assistance SF-424

Budget Information for Non-Construction Programs SF-424A

Assurances for Non-Construction Programs SF-424B

Disclosure of Lobbying Activities SF-LLL

Please note that these forms do not replace program-specific guidance provided in this funding opportunity announcement. Additional instruction regarding budget forms can be found in Appendix A.

Project Narrative
The Project Narrative is the most important part of the application, since it serves as the primary basis to determine if the proposed project meets the minimum requirements for a grant. The Project Narrative should provide a clear and concise description of your project. Successful proposals will provide a complete description and justification for how the applicant will use funds to:

- extend an existing HIE service or use case to a specific non-eligible care provider population—including the specific technology solutions to address those needs,
- implement the engagement strategy with the non-eligible care provider population—including onboarding, technical assistance, and/or training,
- contribute towards achievement of a learning health system, as described in the draft Roadmap in their community and how the project will ensure continuous learning, innovation and quality improvement,
- share results with other communities, states and territories, and
- build processes necessary to track/improve individual and community health.

The project narrative must be on 8 ½" x 11" size paper with 1" margins on both sides, Times New Roman font and a font size of not less than 11. Smaller font sizes may be used to fill in the Standard Forms and Sample Formats. The maximum length for the project narrative is five (5) pages single spaced. **Letters of support, participant lists and résumés of key project personnel do not count as part of the Project Narrative for purposes of the five (5) page limit.**

The project narrative must follow the outline provided below and include the information required under each section.

Section 1: Purpose, Approach, Project Work Plan, and Activities

This section must set out an important, coherent, issue or set of issues related to the project theme and a clear approach and strategy for how to address the theme. It must also explain the timeline in a way that fully demonstrates the project's feasibility and includes clear benchmarks and performance metrics to achieve the program goals. This section must also include:

- A discussion and understanding of the project theme along with an explanation of why the project theme is a priority for the community and how the project could provide a potential scalable solution to other communities, regions, states or territories.
- A description of the specific geographic area and specific non-eligible care provider population targeted by this project, including the estimated number of target participants (e.g., providers, individuals and other stakeholders).
- A clear and concise description of the approach the applicant is proposing to address the three areas of the project theme and how to conduct the project, including identifying the major challenges. This should be outlined in a conceptual "logic model" tying project activities and work plan to expected impact and outcome goals. *See* Appendix B for logic model example.
- A description of how the project will contribute to building a learning health system within the community and the potential improved health outcomes.
- A project plan that builds upon the logic model and specifies the technology, care delivery, and policy interventions that will be initiated to achieve desired outcomes. The plan must clearly show the relationship of each element of the plan to each of the challenges identified. The plan must include baseline data for adoption and use, timelines, resources, partners, and data outcomes as well as align with the budget.
- A clear description of the project success criteria and how the project outcomes and impact will be evaluated.   The applicant should also address how the project will build processes necessary to track/improve individual and community health. *See* Section I.E: Proposed Criteria for more information.

Section 2: Organizational and Technical Capabilities
This section must clearly demonstrate that the organizational and personnel capabilities of the applicant support its ability to implement the project. It must also demonstrate the applicant's ability to bring together all of the resources, including the technical infrastructure and capabilities to perform the proposed work. This section must include:

- The organization's capabilities relevant to the project theme and partners and collaborative relationships with non-eligible care providers that will support the project's success.
- The standards that the project will use and what infrastructure/technology is "live" or in the real world and used by other participants.
- Demonstration of support from key program partners; for example, a letter of support from each State HIT Coordinator and/or a letter of commitment from a specific group of non-eligible care providers targeted with this project.
- Potential strategies the organization may employ to sustain and extend adoption and use of interoperable health IT and HIE service and tool offerings beyond the scope of the project timeframe.
- Relevant organizational, community, state or federal resources available to perform the proposed project such as leveraging previous technical infrastructure investments, facilities, equipment, and related resources. Identify standards and specifications implemented to enable interoperable health IT and HIE services and tools.
- A description of how the proposed project will complement, build upon or leverage existing health IT infrastructure and coordinate with, not duplicate, existing efforts occurring through other state and federal partners including but not limited to: CMS State Innovation Model, Health Care Innovation Awards, the Medicaid Accelerator Program and other recent ONC FOAs.
- A description of qualified key staff, including a project manager and a staff person with grants/financial expertise, <u>resumes may be included as attachments and will not count towards the five (5) page maximum for the project narrative</u>.
- The capabilities of the applicant not included in other portions of the project narrative, such as any current or previous relevant experience and/or the record of the project team in conducting the proposed activities.

Section 3: General Funding Requirements
This section must discuss how the applicant will use an open, transparent process to engage stakeholders, develop the project plan and share implementation experiences with peers as the project develops. This section must also discuss how the applicant will use, as relevant and where applicable, EHR technology standards and implementation specifications adopted by HHS or another federal agency and any other standards and implementation specifications identified by ONC, including those that may be applicable to the NwHIN, and contribute to the identification of gaps in national standards. Applicants will enable and support non-eligible care providers to send, receive, find and use a common clinical data set (that aligns with national standards) across unaffiliated organizations to improve care coordination and promote a learning environment. *See* Appendix C for example certification criteria that support interoperability.

Section 4: Budget, Level of Effort, and Justification
This section must provide the proposed levels of effort of the project manager, key personnel, and consultants and describe how they are adequate to advance the project in accordance with the timelines.

It must also justify the proposed budget with respect to the adequacy and reasonableness of resources requested, and how the amount of the budget allocated to administration will be minimized while still allowing coherent management of an integrated project. The budget and justification must reflect the costs for the entire project period. This section must also include:

- An explanation of how the proposed budget supports the proposed project and is reasonable to meet the project's needs and is as cost-efficient as possible.
- An outline of the proposed costs that support all project activities and how they support them.
- A description of how the proposed expenditures align with the project plan at a high level. (No expenditures are allowed until the start date listed on the Notice of Grant Award for the approved projects.)

Section 5: Replicability of Proposed Project
This section must fully describe the ways in which the project could be broadly applicable to and/or replicable in other communities, states and/or territories. Explain how lessons learned, challenges, successes, outcomes will be shared (e.g., via news articles, journals, presentations, communities of practice, traditional and non-traditional media outlets, etc.) with local, state and national stakeholders. Describe how the proposed project may be replicated in a similar community or region. Applicants should make solutions (i.e., technology, process, or infrastructure) openly available and reusable by others—for example by offering such open source tools or under Apache 2.0 license or a license that is even less restrictive than Apache 2.0.

C.   Submission Dates and Times

- Notices of Intent to Apply should be submitted electronically, no later than 11:59 p.m. Eastern Standard Time on May 15, 2015.
- The Project Narrative Section of the Application must be double-spaced, on 8.5" X 11" paper, printable on plain white page with 1" margins on both sides, and use a font size of not less than 11 and using Times New Roman font.
- Total Project Narrative and presentation must not exceed 5 single pages. Any pages over the limit will not be reviewed. NOTE: Project Abstracts do not count as part of the Project Narrative. Copies of Letters of Commitment may be included in Appendix A.
- All of the applicants must provide signed letters of commitment or letters of agreement as appropriate and detailed budgets as part of the application.
- Submit applications via grants.gov no later than 11:59 p.m. EST on June 15, 2015.
- Applications that fail to meet the application due date will not be reviewed and will not receive further consideration.
- Once the application is successfully received and validated in grants.gov a tracking number and date of receipt verification is electronically sent to the applicant.
- After the Grants Division retrieves the application form from grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by grants.gov.

D.   Application Responsiveness and Completeness Criteria

Please refer to Section III C and D for the responsiveness and completeness criteria. Applicants that do not meet the responsiveness and completeness criteria will be administratively eliminated and **will not** be sent forward for merit review.

E.   Notice of Intent

Applicants are strongly encouraged to submit a non-binding e-mail notice of intent to apply for this funding opportunity to assist ONC in planning for the merit review process. Only the primary applicant should submit this notice. This notice should simply identify the name of the applicant organization and the city and state in which it is located, including a broad statement of how the project theme will be addressed. ONC requests that these notices be received by the deadline required in Section IV.C, Submission Dates and Times. Notices of intent should be sent to HIECommunityFOA@hhs.gov by May 15, 2015 at 11:59 p.m., EST.

V.   How to Apply Information

A.   Address to Request Application Submission

Application materials will be available for download at http://www.grants.gov. ONC requires full applications for all announcements to be submitted electronically through http://www.grants.gov.

APPLICATIONS WILL NOT BE ACCEPTED THROUGH ANY OTHER WEBSITE, AND WILL NOT BE ACCEPTED THROUGH PAPER MAIL, COURIER, OR DELIVERY SERVICE.

APPLICANTS ARE STRONGLY ENCOURAGED TO COMPLETE AND SUBMIT APPLICATIONS AS FAR IN ADVANCE OF THE SUBMISSION DEADLINE AS POSSIBLE. THE APPLICATION INCLUDING ALL REQUIRED ATTACHMENTS AND INCLUDED FILES FOR POTENTIAL CONSIDERATION IN THE REVIEW PROCESS MUST BE RECEIVED BY 11:59 P.M. EASTERN TIME ON JUNE 15, 2015.

B.   Application procedures

- Applicants must access the electronic application for this program via http://www.grants.gov. Search the downloadable application page by the Funding Opportunity Number II-II-15-002 or CFDA number (93.239).
- Applicants should have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Systems for Award Management (SAM). Allow a minimum of five (5) days to complete the registration.
- Submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Ensure that the application complies with any page limitation requirements described in this FOA Guidance.

- After electronically submitting your application, an automatic email notification will be sent to confirm that the application was received. This notification does not provide assurance that your application was complete, only that the email was received.
- After ONC reviews the submission, a return receipt will be emailed to the lead awardee contact indicating the files that were received and able to be successfully opened and read. Organizations applying for federal grants will need to be registered with the System for Award Management (SAM). You can register with the SAM online at http://www.sam.gov.
- If you have already registered with SAM but have not renewed your registration in the last 12 months, you will need to renew your registration at http://www.sam.gov .

C.　Grants.gov Registration

Registration with Grants.gov can take several days. Applicants are strongly encouraged to locate and test current logins and passwords for this system well in advance of the deadline date. For assistance with www.grants.gov, please contact them at support@Grants.gov or 1-800-518-4726 24 hours a day/7 days a week.

D.　Applying Electronically through Grants.gov

All information needed to submit applications electronically through this site can be found at Grants.gov. Additionally, there are a variety of requirements that are critical to know and comply with in order to meet the application deadline and submission requirements:

- Applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the website.
- Applicants can access the electronic application for this program on Grants.gov. Applicants must search the downloadable application page by the Funding Opportunity II-II-15-002 or CFDA number 93.239.
- ONC strongly recommends that applicants not wait until the application due date to begin the application process through Grants.gov.
- To complete an application in Grants.gov, applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and be registered in the System for Award Management (SAM). Applicants should allow a minimum of five days to complete the SAM registration. It is critical to know that SAM registration requires an annual renewal. As a result, ONC strongly encourages applicants to ensure that their registrations are current or to renew their registrations well in advance of the application deadline. For more information or to check or renew registrations, go to http://www.sam.gov.
- Applicants must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at Grants.gov (click on "Vista and Microsoft Office 2007 Compatibility Information").

- Applications that fail to meet the application due date will not be reviewed and will receive no further consideration.
- After applications are submitted electronically, applicants will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number.
- After ONC reviews the submission, a return receipt will be emailed to the awardee contact indicating the files that were received and able to be successfully opened and read.
- Applications must be submitted via http://www.grants.gov no later than 11:59p.m. EST on June 15, 2015.

E.   Intergovernmental Review

Applications for these cooperative agreements are not subject to review by states under Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). 40. Please check box "C" on item 19 of the SF 424 (Application for Federal Assistance) as Review by State Executive Order 12372, does not apply to these cooperative agreements.

F.   Funding Restrictions

- Applicants responding to this announcement may request funding for a project period starting August 14, 2015 and ending within one year.
- ONC will negotiate with applicants regarding allowable activities. Funds are to be used in a manner consistent with program policies developed by ONC and within allowable budget categories *see* Appendix A. Allowable administrative functions/costs include:
  o Usual and recognized overhead, including indirect rates for all partner organizations that have an approved indirect cost rate by a federal cognizant agency.
  o Funds under this announcement cannot be used for the following purposes:
  o To supplant or replace current public or private funding.
  o To supplant on-going or usual activities of any organization involved in the project.
  o To purchase or improve land, or to purchase, construct, or make permanent improvements to any building except for minor remodeling.
  o To reimburse pre-award costs.

VI.   Application Review Information

A.   Merit review Criteria

Applications must be submitted electronically via http://www.grants.gov by June 15, 2015.

The Project Narrative Section of the Application must be double-spaced, on 8.5" X 11", printable on plain white paper with 1" margins on both sides, and use a font size of not less than 11 and using Times New Roman.

Total Project Narrative must not exceed five (5) pages.

All of the applicants must provide signed letters of commitment or letters of support as appropriate and detailed budgets as part of the application.

B.   Evaluation

Applications that meet the requirements of Section III.C and D, Responsiveness and Completeness Requirements, will be forwarded for merit review. Panels will review applications against a standard scoring sheet that reflects the review criteria outlined below. Applicants will be scored by assigning a maximum of 100 points across seven criteria:
- Purpose, Approach, Work Plan, and Activities (35 points);
- Organizational and Technical Capacity (30 points);
- General Funding Requirements (10 points);
- Reasonableness of Budget, Level of Effort, and Justification (10 points); and
- Replicability of Proposed Project (15 points).

Section 1: Purpose, Approach, Project Work Plan, and Activities (35 points)
The applicant:
- Clearly describes the project theme and why it is a community priority.
- Demonstrates an understanding of a specific non-eligible care provider population need and how the proposed technology and engagement strategies could potentially be a solution in other communities, regions, states and territories.
- Clearly describes the proposed approach, how they will conduct the project, and addresses the three areas of the project theme.
- Identifies major challenges and utilizes a logic model to align project work plan and activities to expected outcomes. The logic model identifies baseline data for use and adoption as well as reasonable outcome data for the specified non-eligible care provider population participating in the project. *See* Appendix B for a logic model example.
- Provides a description of how the project will contribute to building a learning health system within the community and the potential improved health outcomes.
- Describes a project plan that builds upon the logic model, which includes: timelines, resources, partners, major milestones, and aligns with the budget.

- Identifies and describes the specific geographic area and specific non-eligible care provider population served by this funding.
- Outlines an evaluation plan for how the project outcomes will be evaluated and how the project will build processes necessary to track/improve individual and community health.

Section 2: Organizational and Technical Capacity (30 points)
The applicant:
- Demonstrates support, including letters of support from key program partners, stakeholders and the specific non-eligible care provider population participating in this project;
- Provides evidence of the organizational and personnel capabilities needed for successful project implementation;
- Identifies qualified and capable staff to oversee the project, including a project manager;
- Describes the ability and intent to leverage existing health IT infrastructure and to coordinate with, not duplicate, existing efforts occurring through other state and federal partners including but not limited to the CMS State Innovation Model, Health Care Innovation Awards, the Medicaid Accelerator Program and other recent ONC FOAs;
- Has appropriate, strong, and effective safeguards for health information in place; and
- Provides letters of support from supporting organizations and/or a State Health IT Coordinator or other person identified by state government to coordinate health IT activities.

Section 3: General Funding Requirements (10 points)
- Each applicant's approach can focus on a targeted geographic area and set of participants within a region, state or community, but must address health information exchange across unaffiliated entities or those not already benefiting from HIE services. The specific geographic target area and partners must be clearly defined.
- Awardees must create (i.e., technology, process, and infrastructure) openly available and reusable by others. For example, by offering such solutions as open source tools or under Apache 2.0 license or a license that is even less restrictive than Apache 2.0.
- Initiatives must strive towards creating processes, strategies and approaches that are scalable and replicable in other communities, regions, states and/or territories.
- Where applicable, the awardee should use the EHR technology standards and implementation specifications adopted by HHS or another federal agency and any other standards and implementation specifications identified by ONC, including those that may be applicable to the NwHIN[20]. Awardees should also plan to participate, when possible, in ONC committees, work groups, communities of practice, and other meetings or events to support the development and refinement of health IT standards and specifications. Applicants will enable and support non-eligible care providers to send, receive, find and use a common clinical data set (that aligns with

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[20] http://www.healthit.gov/policy-researchers-implementers/nationwide-health-information-network-nwhin

national standards) across unaffiliated organizations to improve care coordination and promote a learning environment. *See* Appendix C for example certification criteria that support interoperability.

Section 4: Reasonableness of Budget, Level of Effort, and Justification (10 points)
The applicant:
- Demonstrates the levels of efforts of the key personnel in executing the project plan in accordance with timelines, and
- Provides a budget that is reasonable for the proposed activities.

Section 5: Replicability of Proposed Project (15 points)
The applicant:
- Proposes how lessons learned by the project (e.g., successes, challenges, outcomes) may be scalable to other communities, provided certain assumptions are met;
- Identifies mechanisms to share (e.g., via news articles, journals, presentations, communities of practice, traditional and non-traditional media outlets, etc.) results of proposed project with other stakeholders at the local, state and national levels; and
- Commits to making solutions (i.e., technology, process, and infrastructure) openly available and reusable by others.

C.   Merit review and Selection Process

An independent review panel of at least three individuals will evaluate applications that meet the initial screening criteria (are found to contain the required application elements). These reviewers will be experts in their field; from academic institutions, non-profit organizations, as well as local and Federal government agencies. Based on the Application Review Criteria as outlined above, the reviewers will comment and score applications, focusing their comments and scoring decisions on the identified criteria. All applicants will receive a summary of the merit review panel's assessment of the application's merits and weaknesses.

The final award decision will be made by ONC. In making this award, ONC will take into consideration: the merit of the proposed project as determined by merit review; compliance with programmatic and grants management requirements; the reasonableness of the estimated costs; geographic area; and the likelihood that the proposed program will result in the benefits expected.

D.   Discussions and Award

The Government may enter into discussions with a selected applicant for any reason deemed necessary, including but not limited to the following:
   (1) the budget is not appropriate or reasonable for the requirement;
   (2) only a portion of the application is selected for award;

(3) the Government needs additional information to determine that the grantee is capable of complying with the requirements in 2 CFR Part 200, Uniform Administrative Requirements; and/or

(4) special terms and conditions are required. Failure to resolve satisfactorily the issues identified by the Government will preclude award to the applicant.

E.   Anticipated Announcement and Award Dates

ONC anticipates making award announcements regarding selected applications on August 14, 2015. The project periods for approved projects will begin August 14, 2015.

VII.   Award Administration Information

Type of Award:	Cooperative Agreement
Total Amount of Funding Available:	$1,000,000 (Estimated)
Number of Awards:	up to 10
Project Period and Budget Period End Date:	1 year

A.   Performance Evaluation

The awardee's performance will be evaluated on a quarterly basis by ONC. Awardees will partner with ONC to establish quarterly reporting mechanisms in the CRM to track and monitor progress towards milestones (qualitative and quantitative data). The awardee shall submit one Final Project Report related to the overall project performance. A specific Final Project Report format will be finalized by ONC following the award date.

B.   Public Material Use

Section 508-compliant materials developed through this funding will be made publicly available at the end of the project period if not released over the course of the one (1) year program.

C.   Intellectual Property/Copyrights

The Government reserves all rights granted by, and the recipient agrees to be bound by, Administrative Requirements, Cost Principles, and audit requirements as codified in 2 CFR Part 200 regarding rights in intangible property, 2 C.F.R. § 200.315, which is specifically incorporated herein. Generally, the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under this award. The Government reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. For any work owned by a third-party that was licensed by the recipient under this award, awardee will assure that said license also reserves for the Government a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

D.   Award Notices

A letter of notification will be issued, acknowledging that an award was funded. However, this does not provide authorization for the applicant to begin performance and expend funds associated with the award until the start date of the award as indicated in the notice.

E.   Notice of Award

The Notice of Grant Award (NGA) is signed by the ONC Grants Management Officer. The successful applicants' Authorized Representatives will receive the NGA electronically from ONC. The NGA is considered the official authorizing award document.

The NGA will include the amount of funds awarded, the terms and conditions of the cooperative agreement, the effective date of the award, the budget period for which support will be given, the total project period timeframe and the total approved budget.

The NGA will provide pertinent instructions and information including, at a minimum, the following:
1. Legal name and address of performing organization or institution to whom ONC has issued an award under the terms of this request for applications;
2. Title of project;
3. Name(s) and institution(s) of Project Directors (PDs) chosen to direct and control approved activities;
4. Identifying award number assigned by ONC;
5. Project period, specifying the amount of time ONC intends to support the project without requiring re-competition for funds;
6. Total amount of financial assistance approved by ONC during the project period;
7. Legal authorities under which the award is issued;
8. Appropriate Catalog of Federal Domestic Assistance (CFDA) number;
9. Applicable award terms and conditions;
10. Approved budget plan for categorizing allocable project funds to accomplish the stated purpose of the award; and
11. Other information or provisions deemed necessary by ONC to carry out its respective awarding activities or to accomplish the purpose of a particular award.

In accepting an ONC award, the grantee assumes legal, financial, administrative, and programmatic responsibility for administering the award in accordance with the terms and conditions of the award, as well as applicable laws, rules, regulations, and Executive Orders governing HHS assistance awards, all of which are to be incorporated into the award by reference. Failing to comply with these requirements may result in suspension or termination of the award and/or ONC's recovery of award funds.

VIII. Other Terms and Conditions

These special terms and conditions of the award are in addition to and not in lieu of otherwise applicable OMB administrative guidelines, HHS grant administration regulations in 2 CFR Part 200, Subparts B through D, and other HHS and ONC policy statements.

Cooperative agreements are for a period of one year. By accepting an award, grantees are required to abide by 2 CFR Part 200, Subparts B through D, and other HHS and ONC policy statements.

Drawdown of funding for this cooperative agreement serves as official acceptance of this cooperative agreement. If you do not plan to accept the award, please send a letter of declination to the ONC Project Officer within 30 days of receipt of the Notice of Grant Award.

A. Administrative and National Policy Requirements

The award is subject to HHS Administrative Requirements, which can be found in CFR Part 200, Subparts B through D and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement (GPS) located at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

B. Post-Award Reporting Requirements

All reporting requirements will be provided to the applicant of a successful application, adherence to which is a required condition of any award. In general, a successful applicant under this guidance must comply with the following reporting and review activities:

C. Audit Requirements

A grantee must comply with audit requirements of Office of Management and Budget (OMB) Uniform Guidance as codified in 2 CFR Part 200, Subpart F. Information on the scope, frequency, and other aspects of the audits can be found at http://www.ecfr.gov/cgi-bin/text-idx?SID=ed90f54836feb6a994f657188eb05e33&node=2:1.1.2.2.1&rgn=div5

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

D. HHS Grants Policy Statement

ONC awards are subject to the requirements of the HHS GPS that are applicable to the grant/cooperative agreement based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award, as well as any requirements of Part IV. The HHS GPS is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf. The general terms and

conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

E.   Records Retention

A grantee generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of a grant, or may reasonably be considered pertinent to a grant, for a period of three years from the date the annual FFR is submitted. For awards where the FFR is submitted at the end of the competitive segment, the three-year retention period will be calculated from the date the FFR for the entire competitive segment is submitted. Those grantees must retain the records pertinent to the entire competitive segment for three years from the date the final FSR is submitted. See 2 CFR 200.333 for exceptions and qualifications to the three-year retention requirement (e.g., if any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken). Those sections also specify the retention period for other types of grant-related records, including indirect cost proposals and property records. See 2 CFR 200.326 for record retention and access requirements for contracts under grants.

F.   Reporting

All reporting requirements will be provided to successful applicants, adherence to which is a required condition of any award. In general, the successful applicant under this guidance must comply with the following reporting and review activities.

G.   Financial Status and Cash Transaction Reports

Semi-Annual expenditures must be submitted for each fiscal year during the period of performance (October 1 through September 30) using the SF-425, Federal Financial Report (FFR). Reports are due to HHS no later than April 30 of each year the award is active for funds expended between October and March, and no later than October 31 for funds expended between April and September. The semi-annual FFR will be submitted using the Online Data Collection (OLDC) system. ONC will not accept reports sent directly to the ONC Grants mailbox.

The FFR Cash Transaction Report is submitted via the Payment Management System (PMS) every calendar quarter for the life of the grant. The report must be submitted within 30 days after the end of the quarter (January 30, April 30, July 30, and October 30). Grantees are still required to complete the FFR Cash Transaction Report via the Payment Management System each calendar quarter.

H.   Performance Reports

The grantee's performance will be evaluated on a quarterly basis by ONC. Grantees will partner with ONC to establish quarterly reporting mechanisms in the CRM to track and monitor progress towards milestones (qualitative and quantitative data). The grantee shall submit one Final Project Report related

to the overall project performance. A specific Final Project Report format will be finalized by ONC following the award date. *See* Section I.G. Project Evaluation and Measurement.

I.   Non-Disclosure Requirements

Because this cooperative agreement may require a grantee to have access to information relating to any and all aspects of grants management operations that may be of a technical, legal, sensitive and/or confidential nature and which may be the sole property of the U.S. Government, each grantee must ensure that all its personnel (to include chief executives, directors, any consultants, or subrecipients or any other personnel that are substantially involved in the performance of this cooperative agreement) who will be personally and substantially involved in the performance of this cooperative agreement:

- Execute and submit Non-Disclosure Agreements prior to the commencement of any work on the cooperative agreement; and
- Put in place appropriate procedures for the protection of such information and must be liable to the Government for any misuse or unauthorized disclosure of such information by its personnel, as defined above.

J.   Potential for Organizational and Personal Conflicts Of Interest (COI)

The term "organizational conflict of interest" means that each applicant, (to include its chief executives, directors, any consultants, or subrecipients or any other personnel that are substantially involved in the performance of this cooperative agreement) has interests in which:

- i.   May diminish its capacity to give impartial, technically sound, objective assistance and advise in performing these tasks;
- ii.   May otherwise result in a biased work product under this cooperative agreement; or,
- iii.   May result in an unfair competitive advantage to itself or others.

In accordance with Section 200.112, all applicants and non-federal entities must disclose in writing any potential conflict of interest (COI) that they have with the HHS awarding agency and/or any other pass-through entities. The applicant must notify the HHS awarding agency and their respective grants management officer (GMO) when they believe a COI may exist. If after award, an awarded grantee discovers a COI, with respect to this cooperative agreement, it must make an immediate and full disclosure in writing to the grants management officer. The disclosure must include identification of the conflict, the manner in which it arose, and a description of the action the grantee has taken, or proposed to take, to avoid, eliminate, or neutralize the conflict.

In the event a grantee was aware of an organizational COI prior to award of the cooperative agreement and did not disclose the conflict to the GMO or becomes aware of an organizational COI after award of this cooperative agreement and does not disclose the COI within ten (10) days of becoming aware of such conflict, the Government may terminate the cooperative agreement and the grantee will not be entitled to reimbursement of any cost incurred in performing the cooperative agreement or payment of any fee thereunder.

The rights and remedies of the Government provided in this clause must not be exclusive and are in addition to any other rights and remedies of the Government provided by law or under this cooperative agreement.

K. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines, HHS grant administration regulations at 2 CFR Part 200, Subpart B through D, and other HHS and ONC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism, in which substantial ONC programmatic involvement with each grantee is anticipated during the performance of the activities. Under the cooperative agreement, the ONC purpose is to support and stimulate the grantees' activities by involvement in and otherwise working jointly with each award grantee in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with each grantee for the project as a whole, although specific tasks and activities may be shared among the grantee and the ONC as defined below.

To facilitate appropriate involvement, during the period of this cooperative agreement, ONC and a grantee will be in contact monthly and more frequently when appropriate. Requests to modify or amend the cooperative agreement may be made by ONC or a grantee at any time. Modifications and/or amendments to the cooperative agreement must be effective upon the mutual agreement of both parties, except where ONC is authorized under the Terms and Conditions of award, 2 CFR Part 200, Subpart B through D, or other applicable regulation or statute to make unilateral amendments.

Cooperative Agreement Roles and Responsibilities

Office of the National Coordinator for Health Information Technology (ONC) will have substantial involvement in program awards, as outlined below:

- Technical Assistance – This includes but is not limited to: federal guidance on the evolution of interoperability and health information exchange, meaningful use requirements, ONC's Certification Program and other criteria established by the Secretary through the rulemaking process.
- ONC will also assist in meeting the strategic goals of this initiative and overall program on a national level through ongoing support made available through other ONC/HHS funded programs.
- Collaboration – To facilitate compliance with the terms of the cooperative agreement and to more effectively support the grantee, ONC will actively coordinate with critical stakeholders, such as:
  - Medicaid and Medicare Administrators
  - State Designated Entities
  - State Government HIT Leads
  - Relevant Federal Agencies
- Project Officers – ONC will assign specific Project Officers to each cooperative agreement award to support and monitor the grantee throughout the period of performance.
- Release of Funds Approval – ONC Project Officers will be responsible for requesting authorization for the release of funds for their assigned projects.
- Monitoring – ONC Project Officers in conjunction with the Grants Division will monitor the progress of each grantee, on a regular basis. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR 425). This monitoring will be to determine compliance with programmatic and financial requirements.

Grantee

Each grantee and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the cooperative agreement and with substantial ONC involvement. Responsibilities include:

- Requirements – Each grantee must comply with all current and future requirements of the project, including meaningful use requirements, certification criteria and standards (including privacy and security) specified and approved by the Secretary of HHS.
- Grantees are required to collaborate with the local, state, and federal stakeholders described in their application and the ONC team, including the assigned Project Officer.
- Reporting – Grantees are required to comply with all reporting requirements outlined in this Funding Opportunity Announcement and the terms and conditions of the cooperative agreement to ensure the timely release of funds.

IX.   Standard Terms and Conditions- ONC Grants

Each grantee and any subrecipient must comply with the most recent version of the HHS Grants Policy Statement. In addition, each grantee must comply with the Administrative Requirements, Cost Principles, and Audit Requirements as codified in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subparts B-F.

The grantee agrees that all allocations and use of funds under this award will be in accordance with the Funding Opportunity Announcement specific to this program.

The grantee understands and agrees to comply with 31 U.S.C. 1352, "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," and will not use any Federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government.

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact Division of Grants at ONCGrants@hhs.gov.

Green Procurement: To mitigate the environmental impacts of acquisition of IT and other products/equipment, grantees are encouraged to: (1) participate in "Green procurement" based on the HHS Affirmative Procurement Plan (http://www.hhs.gov/asfr/ogapa/acquisition/10-2010_hhs_affirmative_procurement_plan.doc) and similar guidance from the Environmental Protection Agency (EPA) and the President's Council on Environmental Quality (CEQ); (2) use electronic products that are Energy Star® compliant and Electronic Product Environmental Assessment Tool (EPEAT) Silver registered or higher when available; (3) activate Energy Star® features on all equipment when available; (4) use environmentally sound end-of-life management practices, including reuse, donation, sale and recycling of all electronic products.

Requirements for the System for Award Management(SAM) and Data Universal Numbering System (DUNS) numbers: Unless your entity is exempt from the SAM requirement under 2 CFR 25.110, it is incumbent upon you, as the grantee, to maintain the accuracy/currency of your information in the SAM until the end of the project. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

If your entity is authorized to make subawards under this award, you: 1) must notify potential direct subrecipients that no entity may receive a subaward from you unless the entity has provided its DUNS number to you. 2) May not make a subaward to an entity unless the entity has provided its DUNS number to you.

Semi-Annual expenditures must be submitted for each fiscal year during the period of performance (October 1 through September 30) using the SF-425, Federal Financial Report (FFR). Reports are due to HHS no later than April 30 of each year the award is active for funds expended between October and March, and no later than October 31 for funds expended between April and September. The semi-annual FFR will be submitted using the Online Data Collection (OLDC) system. ONC will not accept reports sent directly to the ONC Grants mailbox. ONC will provide guidance for format and further instructions on reporting before the reports are due.

The grantee indicates acceptance of the terms and conditions of the award and agrees to perform in accordance with the requirements of the award by requesting funds from the designated grant payment system.

Funding of future non-competing continuation awards is conditioned on the availability of funds, satisfactory progress by each grantee, and an awarding office determination that continued funding of the award is in the best interest of the Government.

X.   Agency Contacts

Program Contact:	Grant Management Contact:
Rachel Abbey	Carmel Halloun
Project Officer	Grants Management Officer
Office of the National Coordinator	Office of the National Coordinator
for Health Information Technology	for Health Information Technology
Department of Health and Human Services	Department of Health and Human Services
330 C Street, S.W.; Suite 2500	330 C Street, S.W.; Suite 1300
Washington, D.C. 20201	Washington, D.C. 20201
HIECommunityFOA@hhs.gov	HIECommunityFOA@hhs.gov

All general questions pertaining to this FOA should be sent to the FOA mailbox at HIECommunityFOA@hhs.gov.

XI. Other Information

A. Restrictions

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a competitive grant or other competitive form of federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:
- the communication is purely logistical;
- the communication is made at a widely attended gathering;
- the communication is to or from a federal agency official and another federal Government employee;
- the communication is to or from a federal agency official and an elected chief executive of a state, local, or tribal government, or to or from a federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or the communication is initiated by the federal agency official. For additional information, see: http://www.ecfr.gov/cgi-bin/text-idx?SID=ed90f54836feb6a994f657188eb05e33&node=2:1.1.2.2.1&rgn=div5

Appendix A.   Budget Detail

A.   Instructions for completing the SF 424, Budget (SF 424A), Budget Narrative/Justification, and Other Required Forms

> This section provides step-by-step instructions for completing the four (4) standard federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all of the information on these forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

==a. Standard Form 424==

1. Type of Submission: (Required): Select one type of submission in accordance with agency instructions.

• Pre-application • Application • Changed/Corrected Application – If requested, check if this submission is to change or correct a previously submitted application.

2. Type of Application: (Required) Select one type of application in accordance with agency instructions.

• New • Continuation • Revision

3. Date Received: Leave this field blank.

4. Applicant Identifier: Leave this field blank.

5a Federal Entity Identifier: Leave this field blank.

5b. Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. State Application Identifier: Leave this field blank.

8. Applicant Information: Enter the following in accordance with agency instructions:

a. Legal Name: (Required): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.

b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.

d. Address: (Required) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. Type of Applicant: (Required) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Non-profit with 501C3 IRS Status (Other than Institution of Higher Education) N. Non-profit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. Name of Federal Agency: (Required) Enter U.S. Department of Health and Human Services

11. Catalog of Federal Domestic Assistance Number/Title: The CFDA number can be found on page one of the Program Announcement.

12. Funding Opportunity Number/Title: (Required) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. **Competition Identification Number/Title:** Leave this field blank.

14. Areas Affected By Project: List the largest political entity affected (cities, counties, state).

15. Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project.

16. Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all.

17. Proposed Project Start and End Dates: (Required) Enter the proposed start date and final end date of the project. Therefore, if you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.

18. Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

NOTE: Applicants should review matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the upcoming budget period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of federal funds being requested (the amount in 18a). For a full explanation of ONC's match requirements, see the information in the box below. For sub-item 18f, enter only the amount, if any, which is going to be used as part of the required match.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-federal cash match include budgetary funds provided from the applicant agency's budget for costs associated with the project.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included**

in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

19. Is Application Subject to Review by State Under Executive Order 12372 Process? Check c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent on any Federal Debt? (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

b. Standard Form 424A

> NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a one year budget.

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL federal costs in column (e) and total non-federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: Enter the breakdown of how you plan to use the non-federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 3 and 4) by object class category.

Separate Budget Narrative/Justification Requirement

You must submit a separate Budget Narrative/Justification as part of your application. When more than 33% of a project's total budget falls under contractual, detailed Budget Narratives/Justifications must be provided for each sub-contractor or sub-grantee. **Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.**

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or more. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Budget Narrative/Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project in the Budget Narrative/Justification.

Line 6b: Fringe Benefits: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate. In the Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c: Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, and length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e. In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e: Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d. In the Justification: Provide general description of types of items included.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals or consultants on this line. In the Budget Narrative/Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. **Whenever the applicant/grantee intends to delegate more than 33% of a project's total budget to the contractual line item, the applicant/grantee must provide a completed copy of Section B of the SF 424A Budget Categories for each sub-contractor or sub-grantee, and separate Budget Narrative/Justification for each sub-contractor or sub-grantee for each year of potential grant funding.**

Line 6g: Construction: Leave blank since construction is not an allowable cost under this program.

Line 6h: Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits); non-contractual fees and travel paid directly to individual consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities in the project. Describe the types of activities for staff development costs.

Line 6i: Total Direct Charges: Show the totals of Lines 6a through 6h.

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

Budget Narrative/Justification: <u>State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.</u> An applicant that will charge indirect costs to the grant **must enclose a copy of the current indirect cost rate agreement.** If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

<u>Line 6k:</u> <u>Total:</u> Enter the total amounts of Lines 6i and 6j.

<u>Line 7:</u> <u>Program Income:</u> As appropriate, include the estimated amount of income, if any, you expect to be generated from this project. Program Income must be used as additional program costs and cannot be used as match (non-federal resource).

Section C - Non-Federal Resources-Not applicable

Section D - Forecasted Cash Needs - Not applicable.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

<u>Line 20:</u> Section E is relevant for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

Section F - Other Budget Information

<u>Line 22: Indirect Charges:</u> Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

<u>Line 23: Remarks:</u> Provide any other comments deemed necessary.

c. Standard Form 424B - Assurances

This form contains assurances required of applicants under the discretionary funds programs administered by the Assistant Secretary for Preparedness and Response. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

e. Other Application Components

> **Survey on Ensuring Equal Opportunity for Applicants**
> The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS "Survey on Ensuring Equal Opportunity for Applicants" form (Attachment F). Your help in this data collection process is greatly appreciated.

Proof of Non-Profit Status
> Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:
> - A copy of a currently valid IRS tax exemption certificate.
> - A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
> - A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement
> Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by HHS or another federal agency. This is optional for applicants that have not included indirect costs in their budgets.

B. Budget Narrative/Justification, Page 1 – Sample Format with EXAMPLES

Below is an example of how to reflect project costs in the template provided, and are suggested to offer guidelines when applicants are completing their budget justifications. Justifications must include supporting detail and narrative justification for the costs proposed. Sufficient detail should be provided to demonstrate costs as they pertain to the administration of the project. In any case, the applicant should assure that the narrative and justification are legible and clearly provide all required information.

INSTRUCTIONS:

The Budget Detail must include the following information:
- An itemized breakout of proposed costs and sub-total of these costs for each Object Class Category listed in the template below.
- A breakout of proposed costs by whether they are funded through Federal, Non-Federal Cash or Non-Federal In-Kind support.
- A brief description of the expense or service in the Justification column, as they demonstrate costs pertaining to the administration of the project.
- The time period in which the cost will be utilized in the Justification column.
- Any pertinent information that will aid the reviewer in evaluating the proposed cost.
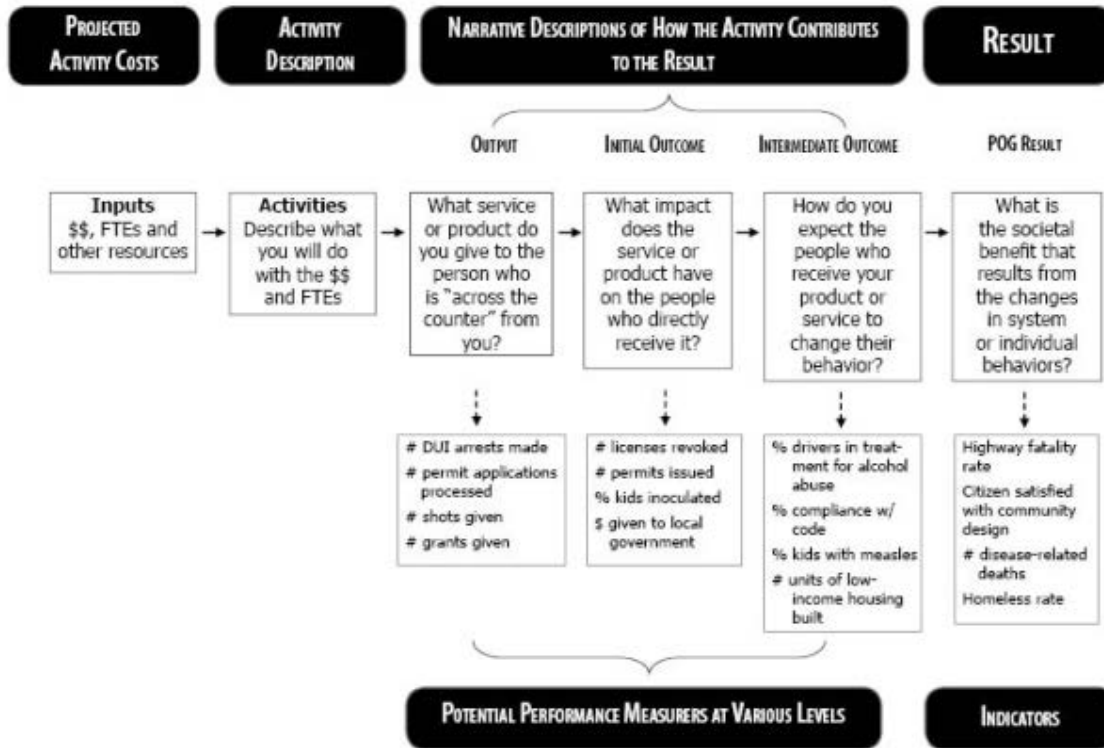
The Budget Detail must be supported by a narrative justification of why the proposed costs are necessary and reasonable to fulfill the purpose and achieve the milestones of the proposed project, in context of the proposed technical approach. An example of such justification would be:

Project Administrator Salary Costs – assumes at least a master's in public health or health administration, or equivalent degree, with at least 6 years' experience managing health services, programs, or providers. Salary is typical for this level of qualifications and responsibility in the proposed service area. Assumes this position would provide executive-level direction and management oversight

Object Class Category	Federal Funds	TOTAL	Justification	
Personnel	$40,000	$45,000	Project Administrator (name) = .3FTE @ $50,000/yr.	= $15,000 ($10,000 = Federal; $5,000 = Non-Federal)
			Project Director (name) = 1FTE @ $30,000	= $30,000 (Federal)
			TOTAL:	$45,000
Fringe Benefits	$12,600	$12,600	Fringes on Project Staff @ 28% of salary. (Federal)	
			FICA (7.65%)	= $ 3,442
			Health (12%)	= $ 5,400
			Dental (5%)	= $ 2,250
			Life (2%)	= $ 900
			Workers Comp Insurance (.75%)	= $ 338
			Unemployment Insurance (.6%)	=$ 270
			TOTAL:	$12,600
Travel	$4,120	$5,667	Travel to 2 Annual Grantee Meetings:	(Federal)
			Airfare: 1 RT x 2 people x $750/RT x 2	= $3,000
			Lodging: 2 nights x 2 people x 100/night x 2	= $ 800
			Per Diem: 2 days x 2 people x $40/day x 2	= $ 320
			TOTAL:	$4,120
			Out-of-Town Project Site Visits (Non-Federal cash) Car mileage:	
			3 trips x 2 people x 350 miles/trip x $ .365/mile	= $ 767
			Lodging: 3 trips x 2 people x 1 night/ trip x $50/night	= $ 300
			Per Diem: 3 trips x 2 people x 2days/trip x $40/day	= $ 480
			TOTAL:	$1,547

Object Class Category	Federal Funds	TOTAL	Justification	
Equipment	0	0	No equipment requested	
Supplies	$1,340	$3,500	Laptop computer for use in client intakes	= $1,340 (Federal)
			Consumable supplies (paper, pens, etc.) $100/mo. x 12 months	= $1,200 (Non-Federal cash)
			Copying $80/mo. x 12 months	= $ 960 (Non-Federal cash)
			TOTAL:	**$3,500**
Contractual	$150,000	$200,000	Contracts to A,B,C direct service providers (name providers)	
			contractor A	= $75,000 (Federal)
			contractor B	=$75,000 (Federal)
			contractor C	=$50,000 (Non-Federal In-Kind)
			TOTAL:	**$200,000**
Other	$1,250	$3,250	Local conf registration fee (provide conference name)	= $ 200 (Non-Fed cash)
			Printing brochures (25,000 @ $0.05 ea.)	= $ 1,250 (Federal)
			Postage: $150/mo. x 12 months	= $ 1,800 (Non-Fed cash)
			TOTAL:	**$3,250**
TOTAL	$209,310	$270,017		

Appendix B.   Logic Model Example

Additional examples of logic model information can be found here:
- Department of Corrections Logic Model:
  http://www.ofm.wa.gov/budget/instructions/other/2009performancemeasureguide.pdf
- Logic Model Guidance provided at:
  http://ww2.wkkf.org/DesktopModules/WKF.00_DmaSupport/ViewDoc.aspx?LanguageID=0&CID=284&ListID=28&ItemID=2813669&fld=PDFFile

Appendix C.   Example Certification Criteria That Support Interoperability

Name of Certification Criterion	Reference in 45 CFR
Criteria That Support Interoperable Summary Care Record Exchange	
Transitions of care	§ 170.314(b)(1) and (b)(2) or § 170.314(b)(8)
Clinical information reconciliation	§ 170.314(b)(4) or § 170.314(b)(9)
Criteria That Support Privacy & Security	
Authentication, access control, and authorization	§ 170.314(d)(1)
Auditable events and tamper-resistance	§ 170.314(d)(2)
Audit report(s)	§ 170.314(d)(3)
Amendments	§ 170.314(d)(4)
Automatic log-off	§ 170.314(d)(5)
Emergency Access	§ 170.314(d)(6)
End-User Device Encryption	§ 170.314(d)(7)
Integrity	§ 170.314(d)(8)
Accounting of Disclosures	§ 170.314(d)(9)
Criteria That Support Other Various Interoperability Functions	
Clinical decision support	§ 170.314(a)(8)
Patient-specific education resources	§ 170.314(a)(15)
Electronic prescribing	§ 170.314(b)(3)
Incorporate laboratory tests and values/results	§ 170.314(b)(5)
Transmission of electronic laboratory tests and values/results to ambulatory providers	§ 170.314(b)(6)
Data portability	§ 170.314(b)(7)
Clinical quality measures	§ 170.314(c)(1) and/or § 170.314(c)(2) and/or § 170.314(c)(3)
View, download, and transmit to 3rd party	§ 170.314(e)(1)
Clinical summary	§ 170.314(e)(2)
Criteria That Support Public Health Interoperability	
Transmission to immunization registries	§ 170.314(f)(2)
Transmission to public health agencies syndromic surveillance	§ 170.314(f)(3) or § 170.314(f)(7)
Transmission of reportable laboratory tests and values/results	§ 170.314(f)(4)
Transmission to cancer registries	§ 170.314(f)(6)