



Medicare Rural Hospital Flexibility (Flex) Program

Technical Assistance Webinar

Notice of Funding Opportunity HRSA-24-002

January 31, 2024 @ 2pm EST

Laura Seifert, MPH
Flex Program Coordinator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People



Housekeeping

- **Download the NOFO and today's slides in the chat**
- **Questions**
 - Chat box during the presentation
 - Unmute after the presentation
- **To receive the recording after the session:**
 - Email lseifert@hrsa.gov



Agenda

- Federal Office of Rural Health Policy (FORHP)
- Navigating Grants.gov
- [Notice of Funding Opportunity \(NOFO\) Review](#)
- How to Apply
- Q&A



Federal Office of Rural Health Policy (FORHP)

Health Resources and Services Administration



Navigating Grants.gov

Step 1

An official website of the United States government [Here's how you know](#)



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HRSA-24-002

Medicare Rural Hospital Flexibility Program

Department of Health and Human Services

Health Resources and Services Administration

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General Information

Document Type: Grants Notice

Funding Opportunity Number: HRSA-24-002

Funding Opportunity Title: Medicare Rural Hospital Flexibility Program

Opportunity Category: Discretionary

Version: Synopsis 1

Posted Date: Jan 17, 2024

Last Updated Date: Jan 17, 2024

Original Closing Date for Applications: Apr 16, 2024

Current Closing Date for Applications: Apr 16, 2024

Archive Date:

Estimated Total Program Funding: \$ 30,000,000

Award Ceiling: \$0



Navigating Grants.gov

Step 2

VIEW GRANT OPPORTUNITY

HRSA-24-002

Medicare Rural Hospital Flexibility Program

Department of Health and Human Services

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RELATED DOCUMENTS

PACKAGE

Select Grant Opportunity Package

PLEASE READ BEFORE APPLYING!

If you view and complete your application package using Grants.gov downloadable PDF forms, you MUST have Adobe Reader installed. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader. If more than one person is working on the PDF forms, ALL applicants must be using the same Adobe Reader version. [Click for more information on Adobe Reader Compatibility.](#)

Opportunity Package(s) Currently Available for this Funding Opportunity:

CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Actions
93.241	HRSA-24-002	Medicare Rural Hospital Flexibility Program	PKG00284450	Jan 17, 2024	Apr 16, 2024	Preview Apply

Navigating Grants.gov

Step 3

CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Actions
93.241	HRSA-24-002	Medicare Rural Hospital Flexibility Program	PKG00284450	Jan 17, 2024	Apr 16, 2024	Preview Apply

Opportunity Package Details

Agency Contact Information: Contact Laura Seifert at (301)443-3343 or email Lseifert@hrsa.gov

Who Can Apply: Organization Applicants

PACKAGE FORMS:

[Download Instructions](#)

Mandatory Forms

(Click to Preview)

Application for Federal Assistance (SF-424) [V4.0]
Attachments [V1.2]
Project/Performance Site Location(s) [V4.0]
Project Narrative Attachment Form [V1.2]
Grants.gov Lobbying Form [V1.1]
Budget Narrative Attachment Form [V1.2]
Budget Information for Non-Construction Programs (SF-424A) [V1.0]
Key Contacts [V2.0]
Project Abstract Summary [V2.0]

Optional Forms

(Click to Preview)

Disclosure of Lobbying Activities (SF-LLL) [V2.0]

[Close](#)



Notice of Funding Opportunity Review

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Hospital State Division

Medicare Rural Hospital Flexibility Program

Funding Opportunity Number: HRSA-24-002

Funding Opportunity Type(s): New, Competing Continuation

Assistance Listing Number: 93.241

Application Due Date: April 16, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: January 17, 2024

Laura Seifert, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Call: 301-443-3343
Email: lseifert@hrsa.gov

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

Authority: 42 U.S.C. 1395i-4(g)(1)-(2) (§1820(g)(1)-(2) of the Social Security Act)

What's Inside?

- Program Funding Opportunity Description
- Award Information
- Eligibility Information
- Application and Submission Information
- Application Review Information
- Award Administration Information
- Agency Contacts
- Other Information



Important Notes

The [Medicare Rural Hospital Flexibility Program \(Flex\) Notice of Funding Opportunity \(NOFO\) HRSA-24-002](#) and [HRSA's SF-424 Application Guide](#) should be your primary resources for application instructions and guidelines. This webinar will merely provide a brief overview of the NOFO and answer any questions you might have at this stage in the process.

Note the due date of April 16, 2024. FORHP is not responsible for granting extensions, that is determined by individuals outside of FORHP.



Flex Program Notice of Funding Opportunity

- **Cooperative Agreement Dates:**
 - September 1, 2024 – August 31, 2029 (5 years)
- **Award Amount:**
 - Varies by state
- **Number of Awards:**
 - 45 states with Critical Access Hospitals (CAHs)
- **Type of Award:**
 - Competing Continuation
- **Applications Due:**
 - **April 16, 2024**
- **Page limit:**
 - **50 pages**



Years in the Period of Performance

Grant Year	Fiscal Year	Calendar Dates
Year 1	FY 2024	9/1/2024 – 8/31/2025
Year 2	FY 2025	9/1/2025 – 8/31/2026
Year 3	FY 2026	9/1/2026 – 8/31/2027
Year 4	FY 2027	9/1/2027 – 8/31/2028
Year 5	FY 2028	9/1/2028 – 8/31/2029



Flex Program Purpose

- **Purpose:** To enable state Flex programs to support critical access hospitals (CAHs) in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as CAHs; and to establish or expand the provision of rural emergency medical services (EMS).
- **The long-term objectives of the Flex Program are to enable CAHs, including CAH-owned clinics, and rural EMS agencies to:**
 - Show and improve quality of care;
 - Stabilize finances and maintain services;
 - Adjust to address changing community needs; and
 - Ensure patient care is integrated throughout the rural health care delivery system.



Flex Program Purpose Continued

- **Flex Program Areas:**

1. CAH Quality Improvement (MBQIP) (required)
 - Increase the number of CAHs consistently reporting quality data, and improve the quality of care in CAHs
 2. CAH Financial and Operational Improvement (required)
 - Maintain and improve the financial viability of CAHs
 3. CAH Population Health Improvement (optional)
 - Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities
 4. Rural EMS Improvement (optional)
 - Improve the organizational capacity and quality of rural EMS
 5. CAH Designation (required if assistance is requested by rural hospitals)
 - Assist rural hospitals to seek or maintain appropriate Medicare participation status to meet community needs
- We recognize that the healthcare landscape is changing rapidly, with focus being placed on value-based care and alternative payment models. We encourage states to develop projects supporting innovative models of care, as appropriate, and place them in the above program areas



Flex Program Eligibility

- States are eligible to apply for funding under this notice, including states that are current Medicare Rural Hospital Flexibility Program award recipients under HRSA-19-024 or states submitting a new application from a Governor designated entity.
- HRSA will accept only one application from each state.
- The Governor designates the organization that may submit an application on behalf of each state.



Flex Program Technical Assistance

- **Technical Assistance and Services Center (TASC)**
 - tasc@ruralcenter.org
 - General Flex Program questions/resources
 - [Flex Program Forum](#)
 - [Medicare Rural Hospital Flexibility Program Structure for FY24-FY28](#)
- **Rural Quality Improvement Technical Assistance (RQITA)**
 - rqita@telligen.com
 - Quality Improvement questions/resources
- **Flex Monitoring Team (FMT)**
 - [Contact page](#)
 - MBQIP data reports
 - [Policy Briefs: Best Practices and Flex Program Research](#)



Cooperative Agreement—HRSA Responsibilities

- Monitoring and technical assistance (TA)
- Review and provide input on the work plan in alignment with HRSA priorities, state needs, and changes in the rural health care environment;
- Monitoring implementation through progress report reviews;
- Identifying opportunities to coordinate activities with other federally-funded projects;
- Identifying changes in federal health care policies and the rural health care environment that impact state Flex Programs (e.g., changes to national Medicare quality reporting program measures); and
- Collaborating with technical assistance providers to develop tools and resources.



Cooperative Agreement—Recipient Responsibilities

- Follow all relevant federal regulations and public policy requirements;
- Implement a State Flex Program as described in this notice;
- Collaborate with HRSA on refining and implementing the work plan;
- Update work plans at least annually, or more frequently as needed (e.g., in response to identified challenges or to establish new activities in response to environmental or national health care changes);
- Ensure program staff have appropriate training to carry out Flex Program activities.



State Funding Amount

- Apply for the state-specific funding levels listed in the Appendix, page 28 in the NOFO

Appendix A: Projected FY24 State Flex Program Funding Levels

Projected annual state funding levels for awards under the Medicare Rural Hospital Flexibility Program NOFO (HRSA-24-002). Projected funding levels are calculated based on the number of CAHs in a state, geographic remoteness of CAHs, and the risk of financial distress. This does not include supplemental awards.

New applicants to the Flex Program should propose a level of funding sufficient to support the state program's operations and activities appropriate to the number of CAHs in the state.

State	Award Amount
AK	\$703,943.00
AL	\$419,493.00
AR	\$693,463.00
AZ	\$635,484.00
CA	\$624,429.00
CO	\$754,567.00
FL	\$588,658.00



Program Requirements & Expectations

- **Must have key personnel conducting activities central to this program, including a project director with adequate time to oversee the program's administrative, fiscal, and business operations for the entirety of the project. Work may be supported by one person or split across multiple staff members.**
- **Must address the required program areas of (1) CAH Quality Improvement and (2) CAH Financial & Operational Improvement.**
 - Program Area (5) CAH Designation is required only if hospitals in the recipient's state seek help in conversion to CAH status.
 - In order to maximize the impact of Flex Program funding, we encourage state Flex Programs to prioritize the highest need CAHs in your state.
- **As applicable, other provider types such as CAH-owned rural health clinics, rural EMS organizations, and Rural Emergency Hospitals may be invited to participate in Flex related activities.**
 - Assistance provided to other types of rural hospitals must be clearly justified and secondary to CAH assistance.



Program Requirements & Expectations Continued

- **Must support analysis and distribution of both current data and new data (if proposed) to help CAHs improve performance, continue to report on program outcomes, track trends, and identify areas of growth and best practices.**
- **HRSA expects State Flex Programs to consider ways to develop statewide data collection methods to address identified gaps in data related to CAHs and rural EMS, including opportunities to leverage relationships with stakeholders and share resources for data collection.**
- **HRSA expects State Flex Programs to use the data they collect to evaluate how their programs are performing overall and implement a plan for continuous improvement in the program. See Appendix B for a list of definitions for common program evaluation terms.**



Program Requirements & Expectations Continued

- To meet the goals of the Medicare Beneficiary Quality Improvement Project (MBQIP), HRSA expects State Flex Programs to encourage all CAHs to participate in MBQIP reporting. We highly encourage CAHs to report as many measures as possible. For CAHs that are unable to report on one or more measures, State Flex Programs will provide that information on a regular basis to FORHP along with a reason why the CAH(s) cannot report a measure(s).
- Must consult with their state hospital associations, rural hospitals, and rural community members to identify community needs and appropriate projects. We also encourage states to work with Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs), Health Information Exchanges (HIEs), Hospital Improvement Innovation Networks (HIINs), CDC-funded Healthcare Associated Infections and Antibiotic Resistance prevention programs, State Rural Health Associations, and others concerned with the future of rural health care.
 - We encourage these external partnerships to implement projects that ensure the consistent and systematic fair, just, and impartial treatment of all patients by addressing social determinants of health (SDOH) to improve the quality of healthcare provided.



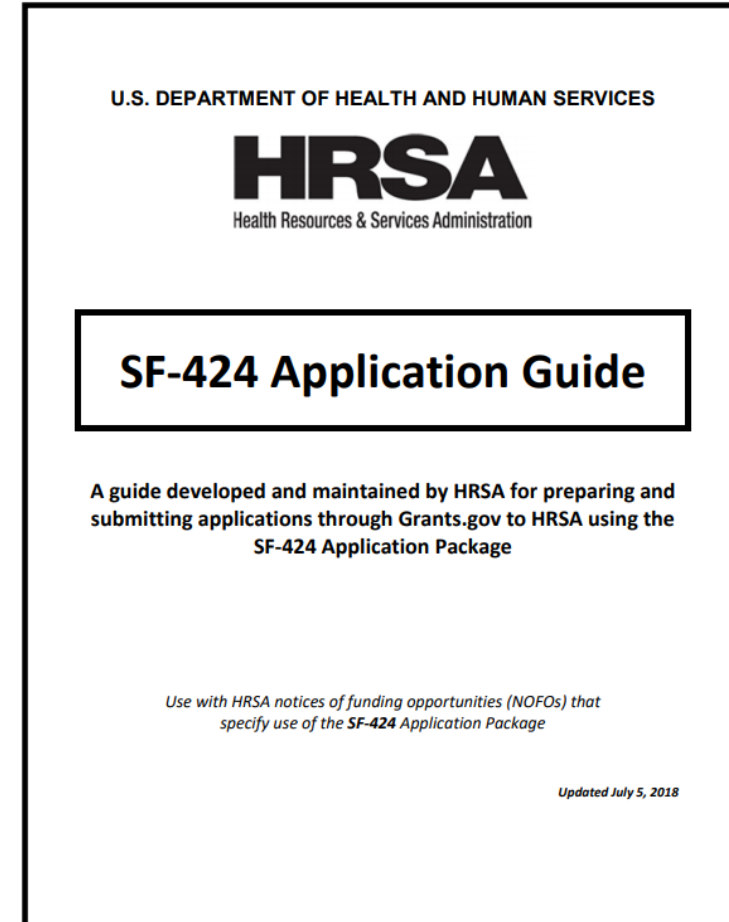
Program Requirements & Expectations Continued

- **New applicants (e.g., states that do not currently have a State Flex Program) are required to develop, or be in the process of developing, a state rural health care plan as part of this application. NOTE: This does NOT apply to current Flex Program recipients.**
- **Must attend the annual Flex Program meeting and one other regional or national meeting each year related to the administration of the Flex award.**
- **New staff directly responsible for executing the Flex Program award activities must attend a Flex Program Workshop within one year of their start date.**
- **Must participate in information sharing and program improvement activities coordinated by designated Flex Program technical assistance providers.**
- **Must participate in the national evaluation of the Flex Program.**



Application Instructions

- **Project Abstract**
- **Project Narrative**
 - Introduction
 - Organizational Information
 - Needs Assessment
 - Approach
 - Work Plan (Attachment 1)
 - Resolution of Challenges
 - Evaluation and Technical Support Capacity
- **Budget & Budget Narrative**
- **Attachments**



Project Abstract

- See page 34 of the [SF-424 Application Guide](#)
- Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package.
- Do not upload the abstract as an attachment or it may count toward any applicable page limit.
- Start with the information below and provide a summary of the application in the Project Abstract field / box using 4,000 characters or less.
 - Address
 - Project Director Name
 - Contact Phone Numbers (Voice, Fax)
 - Email Address
 - Website Address, if applicable
 - List all grant program funds requested in the application, if applicable
- Include a **brief** description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.



Project Narrative

- Introduction
- Organizational Information
- Needs Assessment
- Approach
- Work Plan (Attachment 1)
- Resolution of Challenges
- Evaluation and Technical Support Capacity



Project Narrative: Introduction and Organizational Information

- **Introduction**

- Briefly describe the purpose of your proposed project

- **Organizational Information**

- Describe your mission, structure, and scope of current activities and how these contribute to the organization's ability to carry out the program requirements.
 - Include a project organizational chart in Attachment #7.
- Include a staffing plan and job descriptions for key personnel as Attachment #2.
 - HRSA recommends dedicating staff with adequate time to meet program goals, at least 1.0 full time equivalent, either one full time person or multiple part time people.
- Describe relationships, contracts, and subawards that contribute to the ability of the State Flex Program to meet program requirements, how you will ensure coordination between them, and how you will monitor subawards and/or contracts.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs.
- NEW APPLICANTS: Include your state rural health care plan that meets the requirements of section 1820(b)(1)(A) of the Social Security Act as Attachment 8. (NOTE: this does NOT apply to current Flex Program recipients).
 - See page 10 in the NOFO for additional information.



Project Narrative: Needs Assessment

- **Needs Assessment**

- Describe the collective needs of CAHs, rural EMS agencies, and rural communities
- Use timely and appropriate data, including CAHMPAS and MBQIP
- Clearly identify data sources
- Explain how you analyze data to identify needs
- Address the key questions in the NOFO (page 10-12)
- Discuss any relevant barriers in the service area that your project hopes to overcome

Project Narrative: Approach

- Describe the project plan, in detail
- Describe specific measurable project objectives
- Explain the conceptual framework linking the proposed projects, activities, and interventions to achievement of those objectives
- Describe how the state Flex program will:
 - Address the identified needs of CAHs, rural EMS, and rural communities
 - Drive change at the hospital, EMS agency, and community level and lead to improvement.
 - Target and prioritize Flex resources
 - Conduct CAH site visits
 - Engage stakeholders and collaborate
 - Improve program effectiveness
- Refer to the tabular work plan for implementation details



Project Narrative: Work Plan and Resolution of Challenges

- **Work Plan**

- Include the table format of your work plan as Attachment #1
- In the narrative, include a description of the work you are doing to address the needs found
- Organize the work plan by the program areas listed in the introduction.
 - Only list the program areas that will be part of your State Flex Program for this period of performance.
- Include a minimum of one clearly defined outcome in each program area with a clear, time-based target.

- **Resolution of Challenges**

- Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.



Project Narrative: Evaluation and Technical Support Capacity

- **Evaluation and Technical Support Capacity**

- Describe how you will assess the effectiveness of projects and the processes you will use to track performance outcomes
- Describe the data you will collect and analyze to measure outputs and outcomes
- Describe your process for monitoring and assessing subrecipients, subawards, and contractors
- Are planned assessments clear, reasonable, realistic, and appropriate to the projects?
- Describe your plan to evaluate how the program performs overall and how that will contribute to continuous quality improvement.



Budget and Budget Narrative

- **You cannot use funds under this notice for the following purposes:**
 - For direct patient care (including health care services, equipment, and supplies);
 - To purchase ambulances and any other vehicles or major communications equipment (including software costing more than \$5000/unit);
 - To purchase or improve real property; and/or
 - For any purpose which is inconsistent with the language of this NOFO or Section 1820(g)(1, 2) of the Social Security Act (42 U.S.C. 1395i-4(g)(1) and (2)).



Division of Grants Management Operations (DGMO)

Medicare Rural Hospital Flexibility Program
Funding Opportunity Announcement Technical Assistance Session
HRSA-24-002

***Bria Haley, Grants Management Specialist
Division of Grants Management Operations
Health Resources and Services Administration (HRSA)***



Roles and Responsibilities of Your GMS

- Responsible for the business management and other nonprogrammatic aspects of an award
- Provides technical assistance to recipients on grants administration policies and procedures
- Monitors compliance with grant requirements and cost policies
- Reviews and monitors receipt of the Federal Financial Reports (FFR)
- Issues the Notice of Award

Tips and Reminders

- The period of performance is September 1, 2024 - August 31, 2029
- 5 Year Project – budget for all 5 years
- Applicants must completely breakdown all costs in the Budget Narrative and the costs must correspond with the SF-424A.
 - Please review the multi-year award information and include the 5th year budget as Attachment 5
- The Indirect Cost Rate Agreement must be included with your application. If you've never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10%. Please indicate you are using the de minimis rate in your budget narrative.

Tips and Reminders Continued

Budget Tips from a Grants Perspective:

Personnel - Personnel budget justification must include the name each person, their role and responsibilities, the specific amount of funds requested for their salary and the percentage of time each person will devote to the project.

- Note the Salary Cap is \$221,900

Fringe Benefits - You must include how the fringe benefits were calculated and what is included in the fringe benefits.

Travel - Travel expenses can be divided by Local and Long Distance.

For Local travel, the mileage rate, number of miles, reason for the travel, and the number of staff members completing the travel.

For Long Distance travel break down expenses as listed above plus include any other travel expenses (hotel, airfare, per diem, etc.)

Tips and Reminders Continued

Equipment – Equipment is not an allowable expense under the Flex Program

- Acquisition value of \$5,000 or more per unit and a useful life of 1 or more years.

Supplies - All tangible personal property other than equipment. Examples of supplies are office supplies, printed materials, and educational materials. Items must be justified and listed separately.

Contractual - Each contractual agreement must have a detailed explanation as to the purpose of each contract/subaward, **how the costs were estimated**, and the specific deliverables.

- Do not provide line-item details on proposed contracts, rather you should provide the basis for your cost estimate for the contract

Other - Each item or service being requested in the Other budget category must have its specific cost listed and the need justified.

Indirect Cost - If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement or indicate in the budget narrative you are claiming the 10% de minimis rate.

- Note: The Indirect Cost Rate agreement does not count towards the page limit.

For assistance on Grants Administration

Bria Haley
HRSA/OFAM/DGMO/HRHB
5600 Fishers Lane
Rockville, MD 20857
Email: bhaley@hrsa.gov



Attachments

Provide the following attachments in the order we list them:

Attachment 1: Work Plan: A concise, table work plan that includes process and outcome measures for your program areas that are part of the state Flex Program

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel: Includes a rationale for each award-funded position. Keep position descriptions to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

****Attachment 3: Biographical Sketches of Key Personnel:** Included for people who will hold the key positions you describe in Attachment 2, two pages or less per person. Key personnel include the Project Director, state Flex Coordinator, and other individuals who contribute to the execution of the program in a substantive, measurable way, whether or not they receive salaries or compensation under the award.

Attachment 4: Letters of Agreement, Memoranda of Understanding (if required): Documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement



Application Attachments

Attachment 5: 5th Year Budget: After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment. SF-424A Section B does not count in the page limit; however, any related budget narrative does count.

****Attachment 6: Indirect Cost Rate Agreement:** The current federally negotiated indirect cost rate agreement used to substantiate indirect costs in the proposed budget.

Attachment 7: Project Organizational Chart: One-page figure showing the program's organizational structure, including subrecipients and contractors that are integral to the success of the program.

Attachment 8: State Rural Health Care Plan (NEW APPLICANTS ONLY): Describe your consultation process with your state hospital association, rural hospitals located in your state, and the State Office of Rural Health. (NOTE: this does NOT apply to current Flex Program recipients).

Attachments 9-15: Other Relevant Documents: Any other documents relevant to the application. This may include tables or charts that give more details about the proposal (for example, Gantt or PERT charts, or flow charts), or letters of support, which are not required for eligibility but you may have already developed for your program. Letters must show a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).



Example of a complete application (43 pages)

Number of Pages	Section
1	Abstract
25	Project Narrative
n/a	Budget Form SF-424A
6	Budget Narrative
8	Attachment 1 – Work Plan
1	Attachment 2 – Staffing Plan
n/a	Attachment 3 – Biographical Sketches of Key Personnel
1	Attachment 4 – Letter of Agreement
n/a	Attachment 5 – 5th Year Budget on SF-424A
n/a	Attachment 6 – Indirect Cost Rate Agreement
1	Attachment 7 – Organizational Chart



Reporting Requirements

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

- Federal Financial Report
- Annual Progress Report
- Performance Improvement Report
- Integrity and Performance Reporting



Application Review Process

- **Application reviews are conducted by an objective review panel**
- **Look at the Review Criteria section to see how the applications will be reviewed and scored**
 - Page 19-22 of the NOFO gives more details
- **Notices of Award will be sent out prior to September 1, 2024 program start date**



Appendices

- **Appendix A: Projected State Flex Program Funding Levels**
- **Appendix B: Glossary of Common Evaluation Terms**
- **Appendix C: Helpful Resources**
- **Appendix D: Page Limit Worksheet**



How to Apply

Summary

Register in 2 different systems using EIN/TIN (one registration per EIN/TIN)

- [SAM](#)
- [Grants.gov](#)

Follow instructions in [SF-424 Application Guide](#)

Applications must be complete and validated by Grants.gov prior to the deadline to be considered.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

SF-424 Application Guide

A guide developed and maintained by HRSA for preparing and submitting applications through Grants.gov to HRSA using the SF-424 Workspace Application Package

Use with HRSA notices of funding opportunities (NOFOs) that specify use of the SF-424 Workspace Application Package

Updated March 15, 2021



How to Apply Registration

Must register in 2 different systems

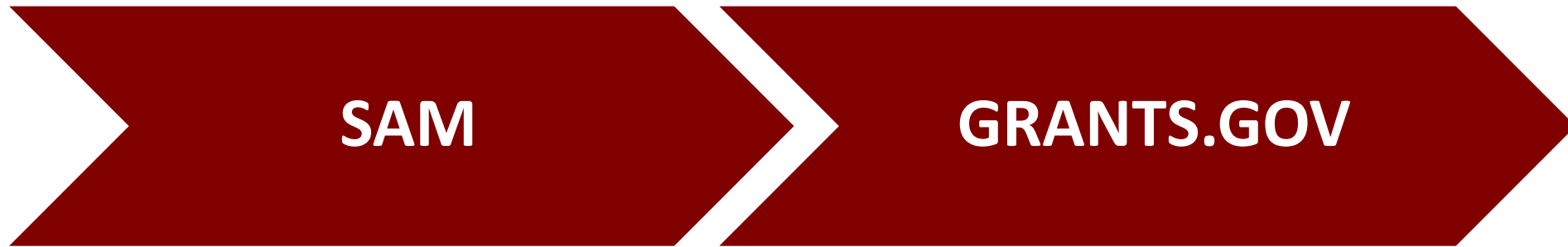
System	Why is it important?	Website	Support
System for Award Management (SAM)	Designating an e-business point of contact. Registering with SAM is required for organizations to use Grants.gov	https://sam.gov/SAM/pages/public/index.jsf	Federal Service Desk https://www.fsd.gov/gsafsd_sp 1-866-606-8220 Monday-Friday, 8 AM to 8 PM ET.
Grants.gov	Submit grant applications	https://www.grants.gov/web/grants/register.html	https://gditshared.servicenow.com/hhs_grants 1-800-518-4726 support@grants.gov 24 hours a day 7 days a week.



How to Apply

START NOW

The 2 step registration process can take up to 3 weeks



START NOW!

- [SF-424 Application Guide](#) – Link found throughout NOFO
- Registration is FREE!

How to Apply

Step 1: System for Award Management (SAM)

- Your organization must register with the System for Award Management (SAM).
- Register with SAM at www.SAM.gov
- Establish E-Business Point of Contact (EBiz POC): Individual who oversees all activities for organization within Grants.gov and approves the AOR
- You should receive your SAM in approximately 7-10 business days after registering, including submitting a notarized letter to SAM

Home Search Data Bank Data Services Help

The Official U.S. Government System for:

- Contract Opportunities** (was fbo.gov)
- Contract Data** (Reports ONLY from fpds.gov)
- Wage Determinations** (was wdol.gov)
- Federal Hierarchy** (Departments and Subtiers)
- Assistance Listings** (was cfda.gov)
- Entity Registration** (Including Disaster Response Registry)
- Entity Reporting** (SCR and Bio-Preferred Reporting)
- Exclusions**

Register Your Entity
Register your entity to get started doing business with the federal government.

- Get Started**
- Renew Entity**
- Check Registration Status**

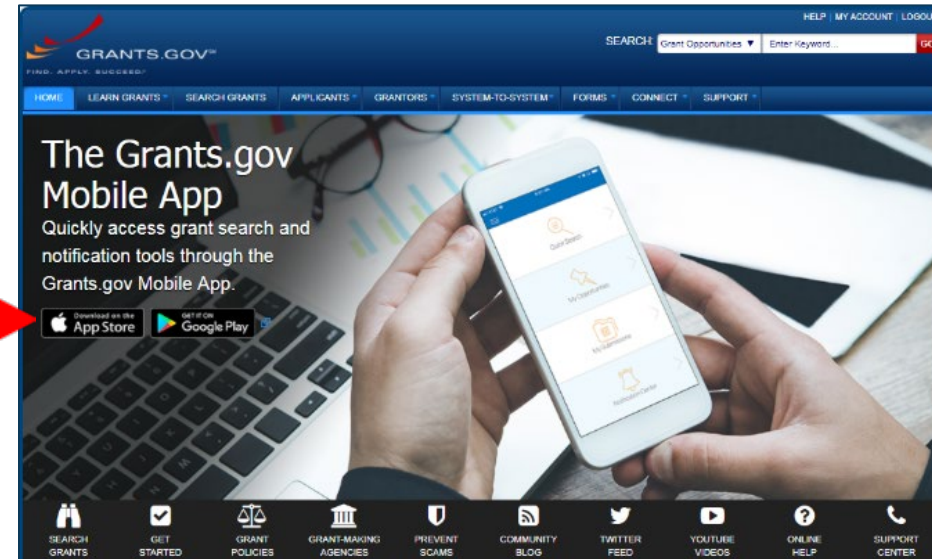
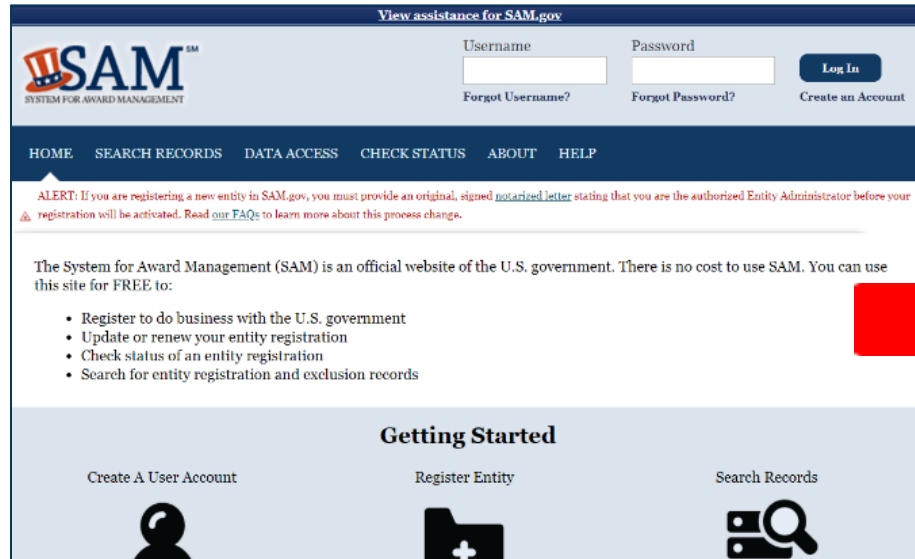
100% FREE

New SAM user

Existing SAM user



How to Apply SAM and Grants.gov



- Organization data and EBiz POC information are transferred from SAM to Grants.gov
- People within the organization are able to register with Grants.gov and then add a profile to associate with organization

How to Apply

Step 2: Grants.gov

1

GRANTS.GOVSM
FIND. APPLY. SUCCEED.SM

SEARCH: Grant Opportunities Enter Keyword... GO

HOME LEARN GRANTS SEARCH GRANTS APPLICANTS GRANTORS SYSTEM-TO-SYSTEM FORMS CONNECT SUPPORT

Account Details:
*Last Name:
*Email Address:
*Phone Number:
*Username:
*Password:

REGISTER

Registering with Grants.gov
One account to manage all your profiles, applications, and subscriptions.

Applicants
1. Complete the required form fields.
2. Confirm your email address.
3. Add an organization applicant profile or an individual applicant profile after registering.

Learn more on the [Applicant Registration page](#).

Grantors
1. Complete the required form fields.
2. Confirm your email address.
3. Ask your agency point of contact to associate your email address with the agency.

Learn more on the [Grantor Registration page](#).

2

Get Registered Now »

Intro to Grants.gov - How to Register wit...

HOW TO REGISTER with GRA

GRANTS.GOVSM
FIND. APPLY. SUCCEED.SM

GRANTS.GOV > Register

REGISTER

Please enter your information below to create an Account.

- Required fields are denoted with an asterisk (*).
- The following special characters are allowed: question marks, periods, dashes, underscores, and @ symbol (Password is not subject to these restrictions).
- Username cannot resemble UEI. 12 character usernames must contain a special character.
- Password requirements: Your password must contain at least eight characters including: at least one uppercase letter (A-Z); at least one lowercase letter (a-z); at least one number (0-9); and at least one special character (e.g. ! @ # \$ % * & ^). Your password must not contain dictionary words, names, or your Username.
- If Mobile Phone Number is provided, it must be a US number and it can be used to reset forgotten password.

3

Contact Information:

*First Name:
Middle Initial:
*Last Name:
*Email Address:
*Primary Phone Number:
Mobile Phone Number (US Only):
(Can be used to reset forgotten password)
Confirm Mobile Phone Number:

Account Details:

*Username:
*Password: (Case Sensitive)
*Confirm Password: (Case Sensitive)

Communications:

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Yes, I want to receive email messages containing time-sensitive information about Grants.gov changes that potentially impact users.
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Yes, I want to receive occasional emails highlighting system enhancements, training resources, and other topics relevant to the federal grant community.

Continue » Cancel

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How to Apply

Reminders

- Read the [NOFO](#) for all the details
- Register in SAM and Grants.gov ASAP (or make sure your information is current)
- Review application to make sure you have included the required information and attachments
- Reference the Page Limit Worksheet (*Appendix D*) to ensure you are not over the page limit

- Submit application in Grants.gov by **April 16, 2024 at 11:59 p.m. ET**

HRSA suggests submitting applications to Grants.gov at least 3 calendar days before the deadline (April 13, 2024).



Flex Program – Contact Information

Program Contact:

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