

SYNOPSIS

Funding Opportunity Title:	Rural Tribal COVID-19 Response Program
Funding Opportunity Number:	HRSA-20-135
Due Date for Applications:	May 6, 2020
Anticipated Total Annual Available FY 20 Funding:	\$15,000,000
Estimated Number and Type of Awards:	Approximately 50 grants
Estimated Award Amount:	Up to \$300,000 for a two-year period of performance and awarded fully in year 1.
Cost Sharing/Match Required:	No
Period of Performance:	May 31, 2020 through May 30, 2022 (2 years)
Eligible Applicants:	Eligible applicants include tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes serving rural communities at risk for COVID-19.
COST-SHARE	No cost-share required

Webinar

Day and Date: Friday, April 24, 2020
 Time: 4-5:30 p.m. ET
 Call-In Number: 1-800-857-4875
 Participant Code: 3831230
 Weblink: https://hrsaseminar.adobeconnect.com/rural_tribal_covid-19_response_applicaton_ta/
 Playback Number: 1-203-369-0841

PURPOSE: to provide maximum flexibility to assist tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes to prevent, prepare for, and respond to the coronavirus and the evolving needs in rural communities. Specifically, this program will provide funding to assist tribes to engage in activities that may include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies, and hiring and/or training health care providers and other health care personnel to provide care for COVID-19 patients.

Application Contents:

Mandatory Forms	Optional Forms
<ul style="list-style-type: none"> » Application for Federal Assistance (SF-424) [V2.1] » Attachments [V1.2] » Project/Performance Site Location(s) [V2.0] » 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 [V1.0] 	<ul style="list-style-type: none"> » Disclosure of Lobbying Activities (SF-LLL) [V1.2]

Page Limit: 10 to 20 pages. No penalty to going over 20 pages but “it will not confer any advantage”

PROJECT NARRATIVE

provide a description of how you propose to meet the needs specific to the rural tribal population you will be serving as they relate to preventing, preparing for, and responding to COVID-19. Activities may include, but are not limited to conducting outreach and education within the community, establishing testing sites, purchasing test kits, implementing telehealth, purchasing personal protective equipment (PPE) and other supplies, and the hiring and/or training of health care providers and other health care personnel for delivering care related to COVID-19.

1. Proof of eligibility a. Please share your federally recognized tribe designation. If you are not a federally recognized tribe, explain your eligibility per the eligibility criteria in [Section III](#).
2. Overview of the rural tribal population to be served a. Provide a demographic overview of the rural tribal population that will be served through the Rural Tribal COVID-19 Response program.

(This should include information that will help the reviewer understand your population, such as the size of your population, the health status of your population, how distant or close your population is to one another geographically, regular access to health care providers, and any other relevant information you would like to share.)

b. You may also choose to include a map of your service area. If you do, please include a map that captures the entire service area by taking a screen capture of its location using the map [here](https://www.ssa.gov/open/maps/AIAN_details.html) (https://www.ssa.gov/open/maps/AIAN_details.html), being sure to include at least one clicked-on blue star in the screen capture so that geolocation information is included in your response. ¹

3. Needs of the population to be served and plans to respond to those needs a. Describe the needs of the rural tribal population to be served as it specifically relates to preventing, preparing for, and responding to COVID-19. This should include a description of the services and resources currently available to help you address COVID-19, a discussion of unmet needs and gaps that you are proposing to fill with these funds, and any known information about COVID-19 exposures or patients in your community. *(For example, you may identify that your community has not yet had any patients test positive for COVID-19, but the communities surrounding yours are starting to see cases so you know you need to prepare to respond. Perhaps you already have a small supply of testing kits but are in need of more, and you do not have enough PPE for your health care providers to conduct the testing in a safe manner. You have also identified the need for an isolated location away from other patients to conduct the testing and/or provide for patient care. You would also like to provide training for your health care workforce, as they have never encountered an infectious disease such as COVID-19 previously.)*

b. Provide details of how you plan to serve your proposed rural tribal community as it relates to preventing, preparing for, and responding to COVID-19. This should be based on the needs you identified. You should also include a proposed timeline for completing activities. *(Further examples: Based on the sample needs identified in 3a, here you would explain that you plan to purchase masks, gloves, gowns,*

and face shields in order to keep your health care providers safe when they are conducting COVID-19 testing and treating COVID-19 patients. You will be making these purchases immediately upon receipt of your award and you already have a supplier identified. You have also identified training resources for your providers, but those courses will be taking place over the next 2 months, and you will be offering one training every other week. You also propose to set up a testing site at a location other than your clinic or hospital, such as converting a school gymnasium to a testing site, or setting up tents in the parking lot of a hospital or school. Because you still need to identify which location you will use, you anticipate this activity to be completed in 4 months. Please note: construction is an unallowable cost.)

c. Include in your discussion how you will ensure you are exclusively serving a rural population if you are an urban entity. *(Here you can indicate that you checked the Rural Health Grants Eligibility Analyzer to confirm that the location(s) of the population(s) you are serving is considered rural.)*

4. Staffing a. Provide information about the person(s) who will be responsible for managing this award (Project Director). Note: If the staff member(s) identified also serve as staff for other federal awards, the full-time equivalent (FTE) for that staff member(s) may not exceed 1.0 FTE in total across all awards. *(You should identify a person that will be responsible for managing the activities of this grant, and who will be the main point of contact with HRSA staff upon award.)*

b. Funds from this grant may be used to pay for extra staff hours, overtime, or hazardous duty pay for staff due to the public health emergency as long as the amount of direct salary paid to each individual is reasonable and does not exceed \$197,300 (the Federal Executive Level II salary limit).

BUDGET NARRATIVE

Provide a clear justification on how you will use RTCR program grant funding over the two-year period of performance. The funding request should align with the COVID-19 related needs and activities that you identified in the project narrative portion of your application. You **can** request reimbursement of allowable costs incurred retroactive to January 20, 2020. *(Required budget categories include Personnel, Fringe Benefits, Travel, Equipment, Supplies,*

*Contractual, Construction, Other Direct Charges, and Indirect Charges. Please see **Appendix A** for an example of how you may break down your budget narrative.)* ○ Note: HRSA understands that there are immediate needs related to preventing, preparing for, and responding to COVID-19, and as such, it is anticipated that the majority of grant funds will be spent within the first year of the award. This is acceptable and the funds do **not** need to be evenly distributed across the two-year period of performance.

- *_Describe how, if awarded, this RTCR program funding will supplement and align with, and not duplicate, activities you may already be conducting if you are receiving any other CARES Act funding for COVID-19 response from HRSA or other federal sources. You must also include the required SF-424 application and budget forms. (Examples of completed SF-424 and SF-424A forms are included in **Appendix B**.)*

REQUIRED ELEMENTS

- Attachment 1: Project Narrative
- Attachment 2: Budget Narrative
- Attachment 3: Map of service area (Optional)
- Attachment 4: Any additional supporting documentation (Optional)
- SF-424 Application Form
- SF-424A Budget Form

REVIEW CRITERIA:

1. Does the application provide proof of eligibility? (yes/no; 1 point)
2. Does the application provide a demographic overview of the rural tribal population to be served? (3 points)
3. Does the application outline the needs, specifically related to COVID-19, of the population to be served through the RTCR program? (5 points)
4. Does the application describe a plan to address the identified needs of the population as related to COVID-19 along with a timeline for completion of these activities? (5 points)
5. Does the application describe a plan to ensure that services exclusively benefit a rural population? (3 points)
6. Does the application include a designated person(s) responsible for managing the RTCR program? (2 points)
7. Does the application provide a budget narrative that explains how the requested budget aligns with the activities and project timeline being proposed? (5 points) a. Does the application indicate whether there are additional COVID-19 funding being received and, if so, explain how duplication will be avoided? (yes/no; 1 point)
8. Does the application include the completed SF-424 budget forms as required? (yes/no; 1 point)