Notice of Funding Opportunity

Application due April 22, 2025

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy

Community-Based Division

Rural Maternity and Obstetrics Management Strategies Program (Rural MOMS)

Opportunity number: HRSA-25-041

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on April 22, 2025.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1: Review the Opportunity

In this step

Basic information

Health Resources and Services Administration

Federal Office of Rural Health Policy

Community-Based Division

Creating collaborative networks to improve maternal and infant health in rural communities.

Summary

The Rural Maternity and Obstetrics Management Strategies Program provides support to establish innovative, collaborative rural obstetric networks to improve maternity care and access to care in rural communities. The ultimate goal of the program is to improve maternal and infant health outcomes and access.

Funding details

Application Types: New

Expected total available funding in FY25: $3,000,000

Expected number and type of awards: 3 cooperative agreements

Funding range per award: $1,000,000 per year

We plan to fund awards in four 12-month budget periods for a total 4-year period of performance of from September 30, 2025, to September 29, 2029.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Have questions?
See Contacts and Support.

Key facts

Opportunity name: Rural Maternity and Obstetrics Management Strategies Program (Rural MOMS)

Opportunity number: HRSA-25-041

Announcement version: New

Federal Assistance Listing: 93.912

Statutory authority: 42 USC 254c-1b (§ 330A-2 of the Public Health Service Act)

Key dates

NOFO issue date: January 17, 2025

Informational webinar: February 12, 2025

Application deadline: April 22, 2025

Expected award date is by: August 1, 2025

Expected start date: September 30, 2025

See other submissions for other time frames that may apply to this NOFO.

Eligibility

Who can apply

You can apply if you are a domestic public or private, non-profit, or for-profit entity providing prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations.[1]

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education.
- Private institutions of higher education.
- Non-profits with or without a 501(c)(3) IRS status.
- For-profit organizations, including small businesses.
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states.
- Independent school districts.
- Native American tribal governments.
- Native American tribal organizations.
- Hospitals, including rural emergency hospitals.
- Community-based organizations.
- Community health centers, including federally qualified health centers.
- Rural health clinics.

*"Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

You must also meet the other eligibility requirements in this list. If you do not meet these requirements, your application will not be deemed eligible by HRSA to be reviewed by the merit review committee.

- Represent a network composition that meets all the Program Requirements and Expectations
- Must target populations residing in a HRSA-designated rural area.
- **State Office of Rural Health Consultation**.
  - You have consulted with your State Office of Rural Health (SORH) regarding your intent to apply to this program.
  - You provide the required documentation in Attachment 10: Required documentation from State Office of Rural Health.
  - If you are from the U.S. territories and do not have the functional equivalent of a SORH, you are still eligible to apply and state that your territory does not have a functional equivalent of a SORH to complete documentation for requirement.
- **Prior Award.** You have not previously received an award under this program for the same or similar project.
- **Network composition.**
  - Represent a network of **three or more separately owned health care provider organizations (see Appendix C).** If your organization is a health care provider organization, please provide supporting information.
  - Have signed agreements in place with all proposed network partners.
    - You must provide evidence of this partnership in attachment 9: List of network members.
    - You are required to include at least one tertiary provider as described in Appendix C. If your organization is a tertiary provider, please provide supporting information.
    - You are required to include your State Medicaid Office in your network composition. You are required to have a signed agreement in place with your **state's Medicaid Office**. If your organization is the State Medicaid agency, please provide supporting information. You must provide evidence of this agreement by submitting with your application one of these two options in attachment 4:
      - A signed memorandum of agreement/understanding (MOA/U) or other applicable written agreements,
        or
      - A signed letter of commitment.
    - You are strongly encouraged to include network partners as described in Appendix B: Types of Rural MOMS Network Partners.
- **Network service.**

- **Your network has the capacity to serve rural areas.**
  - Your network has demonstrated experience serving, or the capacity to serve, rural underserved populations, as evidenced in your project narrative.
  - The network will use award funds to serve only HRSA-designated rural areas, as evidenced in project narrative and attachment 6: map of network service area.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria, other eligibility criteria or program requirements and expectations.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.

Application limits

Generally, you may not submit multiple applications under the same unique entity identifier (UEI) number or employer identification number (EIN). However, we recognize a trend toward consolidation within the rural health care industry and the possibility that multiple organizations may share the same UEI or EIN with their parent organization.

You may only submit multiple applications under the same UEI or EIN if each application proposes a distinct project. You must also submit Attachment 12: EIN/UEI exception request (if applicable) with your application. We will only review your last validated application for each distinct project before the deadline.

NOTE: Single organizations (e.g., a parent organization/headquarters) may not apply more than once for this funding opportunity on behalf of its satellite offices.

If you provide insufficient information in Attachment 12, or submit multiple applications that are nearly identical, we will only accept the last on-time submission associated with the EIN/UEI number.

Tribal exception: HRSA is aware that tribes and tribal organizations may not meet the EIN or UEI requirement of this NOFO. As a result, tribes and tribal organizations that only have one EIN or UEI or cannot demonstrate that the network is composed of at least three unique entities may request a tribal exception. Applicants must request a tribal EIN exception in attachment 11: Tribal EIN/UEI exception request.

Cost sharing

This program has no cost-sharing requirements. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of the Rural Maternity and Obstetrics Management Strategies (Rural MOMS) program is to support collaborative improvement and innovation networks to improve access to and delivery of maternity and obstetrics care in rural areas.

Goals

- Identify and implement evidence-based and sustainable delivery models to provide maternal and obstetrics care in rural hospitals and communities to reduce risks associated with maternal mortality.
- Enhance and preserve access to maternal and obstetric services in rural hospitals, including by developing an approach to aggregate, coordinate, and sustain the delivery of and access to preconception, prenatal, pregnancy, labor and delivery, and postpartum services.
- Provide training for professionals in health care settings that do not have specialty maternity care. This should involve collaborating with academic institutions or other similar regional entities, that can:
    - Provide regional clinical expertise, such as specialty expertise and provider support, using a variety of modalities, including telehealth services. Other examples include conducting simulations to prepare for obstetric emergencies, in-person workshops, and virtual classes.
    - Help identify barriers to providing maternal health care and strategies for addressing such barriers.
- Assess and address disparities in infant and maternal health outcomes, including among rural underserved populations.

Background

Rural MOMS funds networks that establish or continue collaborative improvement and innovative models that can provide long-term sustainable and financially viable service delivery to improve maternal and infant health outcomes. The work of these networks help to reduce preventable maternal mortality risks and decrease severe maternal morbidity in rural areas.

National trends in maternal health have worsened over time, and the risk of maternal mortality is higher among African Americans, American Indians/Alaskan Natives, low-income people, and rural residents. For example, rural residents have a 9% greater

chance of experiencing severe maternal morbidity and mortality compared with urban residents.[2]

Over half of rural counties have no hospital-based obstetric services, and rural counties have a higher risk of losing more services compared to urban counties. It is more common for rural obstetric units to close[3] in smaller hospitals and communities with a limited obstetric workforce.

Rural MOMS networks

Rural MOMS funding is focused on networks who can successfully increase access to and sustain maternal health services in rural areas that reduce risk factors associated with maternal mortality and improve maternal health outcomes long-term. Recent practices in the healthcare sector have evidenced success of regional networks made up of several rural hospitals and health organizations, including behavioral health organizations, in this area.

Networks that include partners such as federally qualified health centers (FQHCs) or FQHC look a-likes, rural health clinics (RHCs), critical access hospitals (CAHs) and other partners such as behavioral health organizations, within a rural region who collaborate to revive, provide, sustain, and expand rural obstetric and maternal service have demonstrated how use of financial and billing strategies can support network service sustainability long-term, both during and after Rural MOMS funding.

If you receive this funding, we encourage you to explore these sustainability strategies:

- Innovative billing strategies implemented collectively among network partners to bill for prenatal services through RHCs and FQHCs (including FQHC look a-likes), given their enhanced Medicaid payment rate. This could allow patients to make more regular visits and enhance their care in a financially sustainable way.
- Collaboration with multiple payers and funders to support sustainability of the network's maternal health care services after funding ends. This could include rural hospitals, in partnership with network partners, Medicaid, and other payers.

Program requirements and expectations

Successful award recipients will be required to adhere to the requirements and expectations listed in this section, if awarded. All requirements in this section are expected to be fully addressed by the proposed project and included in your project narrative.

Network collaboration requirements

- **You have a network strategy for long-term sustainability**.
  - The network has a strategy for sustaining the project over the long term after the award funding ends. HRSA encourages networks to explore creative financial strategies, such as partnering with rural hospitals, Medicaid, and other payers.
  - This strategy must include a financial sustainability plan.
  - You provide evidence of this strategy in your project narrative.
- **You have a network strategy for data collection and sharing**.
  - The network has a strategy for collecting and sharing data among network members.
  - The strategy includes a clear approach for collecting and sharing data among network members that involves responding to these risk reduction measures over the program's four-year period of performance.
  - You provide evidence of this strategy in your project narrative and documentation provided in Attachment 4: Memoranda of agreement/ understanding or other written agreements or Attachment 5: Data use and sharing agreement.
  - You describe planned strategies for outreach, collaboration, and feedback collection that involves patients, families, and communities.
  - Processes for collecting feedback from other stakeholders in the community and surrounding areas who are not part of the Rural MOMS network. Examples include local businesses, health care organizations, schools, childcare centers, or other organizations that may affect the population you serve.
- **You have a network strategy for effective collaboration and communication**.
  - You describe how you engage network members to ensure effective collaboration among network members.
  - You have processes or describe planned processes for communication, coordination, and feedback collection from network members.
  - You describe your shared governance model, including how you will ensure that all network members perspectives are included and contribute to decision-making.
  - You have at least one point of contact from each network member to actively participate in carrying out project activities, as shown in Attachment 1: work plan.

Data reporting requirements

- Your network works with HRSA-funded data support provider to collect data from network partners and report data on a regular basis throughout the period of performance to inform progress on your project work plan, perform continuous quality improvement and help to identify gaps in perinatal care within the targeted rural service area.
- Examples of data* to be collected across the network may include:
  - Number and name of counties served in project.
  - Number of people in the target population.
  - Number of unique individuals from your target population who received direct services during the reporting period.
  - Number of unique women from your target population who received direct services during the reporting period.
  - Number of pregnant people who receive a prenatal visit.
  - Number of new mothers who receive a postpartum visit.
  - Number of high-risk pregnancies.
  - Number of pregnant people and new mothers with hypertension.
  - Number of pregnant people and new mothers that received mental health screening.
  - Number of infants with low birth weight.
  - Number of pregnant people and new mothers screened for high blood sugar.
  - Number of pregnant people, new mothers, and their families screened for potential home visiting services.
  - Number of visits performed by clinicians travelling into the area and/or number of hours of mobile clinic services added in target counties.

*Please note that these are examples of data award recipients may be expected to collect and report. The final list of required data may differ from the list above. Additional information will be provided by the Federal Office of Rural Health Policy. You are expected to include these risk-reduction measures and related activities into your work plan described in the project narrative and as part of Attachment 1: Work plan.

Award information

Cooperative agreement terms

Our responsibilities

We get involved in these ways:

- Monitoring your progress and providing technical assistance.
- Providing a list of measures and data elements that you must report on.
- Helping plan and develop the qualitative and quantitative data collection measures.
- Reviewing your activities and providing guidance in your planning and implementation activities.
- Consulting with the network on outreach and dissemination activities, as appropriate.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- **Ongoing collaboration with HRSA and HRSA-funded Rural MOMS partners throughout the period of performance.** This includes active collaboration with:
  - The Rural Maternal Health Data Support Provider (RHMD) to HRSA data efforts, including collecting, sharing, and reporting data.
  - Program Technical Assistance (TA) Coaches, among other similar HRSA identified support teams to support project implementation.
  - HRSA programmatic, grant and other relevant HRSA representatives, including responding to HRSA requests, comments, and questions on a timely basis, including potential presentation opportunities (as time and availability allow).
- **Providing information and data requested by HRSA.** This includes:
  - Networks are expected to regularly report on program measures, including preventive clinical measures, for all rural maternal health care recipients served by your project. This NOFO contains a list of draft measures that will be included in the type of measures funded networks will be required to report on.
  - Completing required Rural MOMS program deliverables and reports.

- **Ongoing program participation throughout the period of performance.** This includes:
  - Participation of at least two team members in annual two-day awardee meetings. One of the attendees must be the project director, unless HRSA makes an exception for you.
  - Attending monthly TA meetings with HRSA, the TA coach, and the RMHD support provider, including submitting a detailed agenda ahead of each meeting.
- **Ensuring all project activities are not duplicative and are provided in HRSA-designated rural counties or rural county census tracts**. This includes:
  - Working with other federal and state maternal and child health programs and federally funded health centers, such as community health centers, FQHCs and FQHC look a-likes, to ensure that you do not duplicate efforts.
- **Ensuring perspectives from all network partners are involved in decision making and resource allocation.** This includes:
  - Establishing a governance model within your network that incorporates perspectives from all members that shows high-level engagement and provides safeguards to ensure a collaborative decision-making process that empowers all network members to address program goals.

Funding policies and limitations

Policies

We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.

Support beyond the first budget year will depend on:

- Appropriation of funds.
- Satisfactory progress in meeting the project's objectives.
- A decision that continued funding is in the government's best interest.

If we receive more funding for this program, we may:

- Fund more applicants from the rank order list.
- Extend the period of performance.
- Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the Application Guide. You can also see 45 CFR part 75, or any superseding regulation, General Provisions for Selected Items of Cost.
- You cannot earn profit from the federal award. See 45 CFR 75.400(g).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is $225,700. We will update this limitation in future years.

Program-specific statutory or regulatory limitations

You cannot use funds:

- To build or acquire real property.
- For construction.
- To pay for equipment costs not directly related to the award.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects).

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 — *De minimis* rate. Per 2 CFR 200.414 if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 45 CFR 75.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by step instructions at the Grants.gov Quick Start Guide for Applicants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Search Grants at Grants.gov and search for opportunity number HRSA-25-041.

After you select the opportunity, we recommend that you select the “Subscribe” button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA’s How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

Join the webinar

For more information about this opportunity, **join the webinar on February 12, 2025, at 2:00 PM EST.**

If you are not able to join through your computer, you can call in:

- **Phone number:** 833 568 8864
- **Meeting ID:** 161 246 6003
- **Passcode:** 76372445

We will record the webinar. If you are not able to join live, please reach out to RMOMS@hrsa.gov for a link to the recording.

Have questions? Go to Contacts and Support.

Step 3:
Prepare Your Application

In this step

Application contents and format

Applications include five main components. This section includes guidance on each.

There is a 50-page limit for the overall application.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Component	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, and margins. See the formatting guidelines in section 4.2 of the Application Guide.

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 4.1.ix of the Application Guide.

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the non-discrimination requirements.

Use the section headers and the order below.

Introduction

See merit review criterion 1: Need

Describe the following about your proposed project.

- Summary of your project's specific purpose, goals, objectives, and expected outcomes.
- Overview of planned activities, target population(s), service area, and network members involved in the project, as it relates to your project's purpose and goals, including:
  - How project activities and strategies will improve coordination of health care services that help pregnant people access and utilize prenatal care, labor care, birthing, and postpartum care services.
  - How project activities will support addressing barriers to access and provision of maternal health services for the proposed target area(s).
  - How project activities will support sustaining or enhancing obstetric services in rural hospitals within the service area.
  - How the network will reduce risk factors associated with managing complex pregnancies and deliveries associated with maternal mortality.
  - How the network will address perinatal mental and behavioral health risk factors.
  - How the network as a whole will collaborate toward the goals of financial sustainability and viability to sustain and enhance and preserve obstetrics services in rural hospitals, provide comprehensive maternal health services, and continue nonclinical support activities after federal funding ends.
  - How the network will leverage existing infrastructure or create an organized process for collaboration and communication.

Need

See merit review criterion 1: Need

Describe the populations you will serve. Include citations referencing any relevant federal, state, or local data. If data is limited or not available, indicate this and use alternative means to document how you assessed these needs.

Describe the need in your proposed service area, from both a patient and provider perspective. The service area must be a HRSA-designated rural area,

Include:

- National and/or local rankings data, including the number of maternal deaths or most recent maternal mortality ratio, social vulnerability index, or other maternal health indicators that support the service area need identified. If applicable, also include data such as health indicators by race and ethnicity or other demographic characteristics.
- The need for coordinated maternal services in your target service area to reduce risk factors associated with managing complex pregnancies and deliveries associated with maternal mortality such as gestational diabetes, hypertension, and perinatal mental and behavioral health conditions such as depression.
- Health-related challenges in the service area and factors that contribute to those challenges, such as geography, socioeconomic status, disability status, primary language, and health literacy, and other relevant elements in the proposed service area.
- Demographic characteristics of the proposed project target population. If the service area has a low population density where such data could affect patient privacy, include contextual information about the total population in the service area.
- How you will serve people with disabilities, non-English speaking populations, people with limited health literacy, or any other specific groups within the maternal and infant population your project will serve. If this is not applicable to your service area, please state this clearly.
- The health care services available in or near the target service area and any gaps in comprehensive perinatal (prenatal, delivery, and postpartum) health services. This description should include:
    - The potential or current providers in your proposed service area, including those that are not a part of your Rural MOMS network, with whom you may share patients, work together in some capacity, and potentially collect data from.
    - The role of FQHCs, FQHC lookalikes, RHCs, and CAHs in your network, if applicable, given the enhanced Medicaid payment rate, they can bring in serving Medicaid patients for maternal health services.
    - How your project would work with other federally funded programs in the service area to support continuum of care, such as Healthy Start, Home Visiting, Alliance for Innovation on Maternal Health (AIM), Perinatal Quality Collaboratives (PQCs), and Maternal Mortality Review Committees (MMRCs).

- How you will integrate your project with existing available community-based health-related and social services (e.g. county health units) while addressing the gaps in the service area.
- How your project will address gaps in the regional continuum of health care, obstetric services, and prenatal and postnatal care. Include any recent or pending changes to obstetric services in your service area, such as labor and delivery unit closures, OB-GYN practice closures, or hospital consolidation. Where possible, indicate the month and year of these changes.

Approach

See merit review criterion 2: Response

In this section, you will describe how you will address your stated needs. Include the following information about your proposed network.

Network Approach

- Describe how the planned network will address the needs of the proposed service area and fulfill the network requirements listed in the other eligibility criteria and program requirements and expectations sections as well as the considerations in Appendix B: Types of Rural MOMS Network Partners.
- Describe how your network will collaborate with one or more available academic institution that can provide regional expertise, help identify barriers to providing maternal health care, and provide strategies for addressing these barriers.
  - If collaboration with an academic institution is not available in your region, please indicate this. Describe other types of collaborations that will help provide your network regional expertise, help identify barriers to providing maternal health care, and implement strategies to address them.
- If you are part of an existing Rural MOMS network, have previously received funding for this project, or have completed a similar project, describe how your proposed project will expand the scope of the project or areas you will serve, and the number of people you plan to support. Examples of expanding scope or project area include:
  - Serving additional counties or states.
  - Providing additional healthcare and support services, such as provision of perinatal mental and behavioral health services adding new telehealth-enabled services, hiring additional maternal health providers, opening more clinics, or developing obstetrics training programs and services.
  - A combination of the above, expanding both the service area and the services offered.

- Identify potential regional or state-based entities beyond the requirements for network partners that you will plan to add to the network during the Rural MOMS period of performance and/or beyond.

Network Collaboration

- Describe how network members will collaborate effectively. Include:
  - How you will engage network members to ensure effective collaboration among network members.
  - How you will communicate with, coordinate, and collect feedback from network members.
- Describe how the network will create and implement a shared network governance model. Include:
  - How the shared network governance model will ensure high-level engagement from every Rural MOMS network member.
  - How the shared network governance model will ensure that all network members perspectives are included and contribute to decision-making.
- Describe how you will share communications, updates, reports, products, or project outputs with network members. If applicable, include strategies for staff training.
- Your plan for including at least one person from each network member to actively participate in carrying out project activities, as shown in Attachment 1: Work plan and Attachment 4: Memoranda of agreement/understanding or other written agreements. Some organizations may have a senior leadership as the signatory on the MOU/MOA and will designate another staff member to partner with or represent their network organization.
- Strategies for outreach, collaboration, and feedback collection that involves patients, families, and communities.
- Processes for collecting feedback from other stakeholders in the community and surrounding areas who are not part of the Rural MOMS network. Examples include local businesses, health care organizations, schools, childcare centers, or other organizations that may affect the population you serve.

Network Services

Describe how your project will provide services to meet the needs of the population in your proposed service area, address gaps in services, and increase access to maternal and obstetric services in rural hospitals. Include:

- How your network will aggregate, coordinate, and sustain the delivery and access to preconception, prenatal, pregnancy, labor and delivery, and postpartum services, including applicable perinatal mental and behavioral health services.

- How your network will provide risk-appropriate care to ensure pregnant patients in your service area receive care in a facility that best meets their needs, including working with tertiary providers as available in your region. Tertiary providers should be able to support:
    - Enhancing clinical case management of higher-risk pregnant patients living in geographically isolated areas. Providing obstetric emergency training. Providing perinatal mental and behavioral health services.
    - Developing a process for patient transfers and care coordination.
    - Enhancing and preserving the ability of participating rural hospitals to provide obstetric services.
    - Managing and treating risk factors associated with high-risk pregnancies and deliveries.
- Your network's plan to provide coordinated care to reduce risks associated with maternal mortality, including blood pressure monitoring, diabetes management, mental/behavioral health needs, and other evidence-based clinical and support interventions.
- How your network will train professionals in health care settings that do not have specialty maternity care or have lower volumes of obstetric patients to promote obstetric emergency readiness and reduce risk of maternal mortality.
- How your network plans to use innovative strategies to meet the unique needs of pregnant people and new mothers in your proposed service area. Include examples of these strategies and why you chose them. Examples of strategies may include:
    - **Educating pregnant people and new mothers.**
        - Education on healthy nutrition and how it can promote a healthy pregnancy, improve infant health outcomes, and reduce the risk of maternal health conditions such as hypertension, gestational diabetes, and anemia.
        - Resources and education to help manage hypertension at home and self-monitor and report blood pressure.
    - **Referring pregnant people and new mothers to support services, including:**
        - Screening and referral of mental health issues such as depression and anxiety, including HRSA's Maternal Mental Health Hotline (1-833-TLC-MAMA).
        - Referrals of pregnant people and new mothers to online or local support groups.
    - **Recruiting and training providers and services.**

        - Doula and midwifery services, community health workers, nurses, and maternal fetal medicine specialist services.
        - Training for different types of providers, based on the needs of the region.
    - **Providing direct support to pregnant people and new mothers as part of implementing sustainable delivery models.**
        - Resources such as transportation, infant care supplies, and maternity care supplies.
        - Supporting costs for maternal health specialists to travel to pregnant people.
        - Support for childcare for pregnant people and new parents during prenatal and postpartum care visits.
    - **Using innovative solutions to improve access to care**
        - Supporting patient care through telehealth. Describe how your project will use telehealth and other technology to support rural clinicians and obstetric patients.
        - Educating and supporting pregnant people through Centering Pregnancy visits (group prenatal care).
        - Providing mobile prenatal and postpartum care visits for pregnant people and new mothers.
        - Using development dyad models (mother and infant) to support combined postpartum and infant checkup visits.
        - Including and making mental and behavioral health services available as part prenatal and postpartum care, when needed.

Network Sustainability

Describe the strategies you will use to sustain the network and services provided after the federal funding ends such as:

- Leveraging billing and reimbursement strategies.
    - Billing as a network, such as collaborating with RHCs, FQHCs, and FQHC lookalikes to use Medicaid encounter rates from treating pediatric patients and billing for prenatal and postpartum services.
    - Employer-based contracting, where the network contracts with regional employers to provide health services.
    - Strategies to ensure payer support for patient care, such as helping patients enroll in health care, including applying for Medicaid or selecting a CMS Marketplace health plan, or providing other benefit counseling.

- Incentive program participation.
  - Participation in incentive payment programs that offer incentive payments to providers for providing high-quality health care, such as, shared saving models such as accountable care organizations (ACOs), patient-centered medical homes (PCMHs), and bundled payments.
- Network service model strategies.
  - Use of a member dues structure to sustain network-wide initiatives.
  - Workforce pooling, sharing services, and resources across network partners, such as network-wide IT and cybersecurity contracts, billing and coding support, provider credentialing and privileging, hospital laundry, professional education services, and shared clinical staff.

Work plan

See merit review criteria 4: Impact

In this section, you will describe how you will achieve your project objectives within the Rural MOMS program parameters during the period of performance. You must also include a work plan in table format in attachment 1: Work plan that aligns with the requirements described here.

HRSA has designated Year 1 as a planning year and Years 2 through 4 as implementation years to give you enough time to design, refine, and update your project to account for any changes since you applied. You can begin implementation in Year 1 if your network is ready.

Include the following information in your work plan:

- A brief description of work plan activities, including how the activities will help meet the goals of your project during the period of performance.
- How you will collaborate with network members and key stakeholders to plan, design, and carry out activities in your work plan.
- A timeline of project activities for each year of the four-year period of performance. The timeline should reflect Year 1 as a planning year and Years 2 through 4 as implementation years.
- Who will oversee the implementation of each activity. You are encouraged to have more than one person responsible for each activity.
- Performance, outcome measures, or benchmarks you will use to monitor progress of each activity. Please also describe how you will incorporate metrics from the Rural Maternal Health Data Support Technical Assistance Provider and other HRSA-specific data or measures.

- The results, outcomes, or impact you expect your activities to have on your proposed service area.
- How you will share reports, products, and/or project outcomes to network members, key stakeholders, and communities in your service area.
- How your project could potentially be repeated in or expanded to other rural settings.

Resolving challenges

See merit review criterion 2: Response

In this section, you will discuss anticipated challenges you will likely encounter in your project and strategies you will use to resolve them.

- You must discuss the following potential challenges and how you will resolve them:
  - Staff turnover and how you will ensure smooth transitions and continuity of operations if staff changes occur at network partners.
  - Changes in policy, systems, or environment.
  - Barriers to assessing network performance and your plan to address them.
- Discuss any other potential challenges you anticipate and how you will resolve them, such as keeping rural network members and communities actively engaged.

Program self-assessment

See merit review criteria 3: Self-assessment measures and 5: Resources and capabilities

In this section, you will describe your plan for assessing project performance and outcomes. Include:

- The systems and processes you will use to track performance outcomes, including how you will collect and manage data so you can report performance outcomes accurately and on time. These systems could include staff specialized skills and/or data management software.
- The capacity of network partners to collect and report data to you, as the applicant organization.
- Your capacity to oversee the data collection, cleaning, and reporting to HRSA, as specified in the cooperative agreement terms.
- How you will assess collaboration within your network.
- Your plan for assessing project performance and monitor progress toward project goals and objectives.
- How your network will handle changes to the work plan.

- How your results will improve access to care.
- Your network's strategy for receiving input from your target population, network partners, community-level partners who are not part of your network, and the community at large when designing, implementing, and assessing your project.

Organizational information

See merit review criterion 5: Resources and capabilities

In this section, you will describe your network's resources and capabilities to carry out your proposed project and meet program requirements. Include:

- The ability of the network members to deliver services, contribute to the network, and meet the needs of the project.
- The expertise of the network members and why they are appropriate collaborators on the project.
- Each member's involvement, roles, responsibilities, contributions, and commitment to sustain project services and activities.
- How your network will be able to carry out project activities to meet the goals of the Rural MOMS program and sustain services and activities.
- How your network partners will collaborate to sustain project activities financially after the federal funding ends.
- How your network will collaborate with specialty care and tertiary providers (level III and level IV facilities, as documented in attachment 9) and required as part of your network composition) to meet the network collaboration requirements.
- How your network will collaborate with behavioral health organizations.
- How federal award funds will be distributed to network members.
- Your organizational profile, partners' organizations profiles, key staff's experience, skills, and knowledge.
    - Discuss your key staff's skills and experience in data analysis, financial analysis, and benefits counseling.
    - Identify a project director and a support team. The project director will be responsible for carrying out project activities and monitoring the project. Project directors should have management experience involving managing partnerships among different organizations as part of a network.
        - HRSA strongly recommends a project management team comprised of a full-time project director (1.0 FTE) along with multiple team members supporting the project director to lead various aspects of the proposed project.
- You will provide the following additional information in your attachments:

- Your network's organizational chart in attachment 8: Network organizational chart.
- Your network member list in attachment 9: List of network members.
- The memorandum of agreement/understanding (MOA/U) or other type of written agreement, signed and dated by all network members, in attachment 4.
- A list and description of all key staff members in attachment 2: Staffing plan and job descriptions.
- Biographical sketches of all key staff members in Attachment 3: Biographical sketches

Budget and budget narrative

See merit review criterion 6: Support Requested

Your **budget** should follow the instructions in 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. See other required forms. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.
- Your budget must include travel funds for two staff members to attend the meeting. To determine estimated travel costs to Washington, DC, see the U.S. General Services Administration per diem rates for FY 2025.

To create your budget narrative, see detailed instructions in section 3.1.5 of the Application Guide [PDF].

Attachments

Place your attachments in this order in the Attachments form. See the application checklist to determine if they count toward the page limit.

Attachment 1: Work plan

Attach the project's proposed work plan for the period of performance. Make sure it includes everything required in the work plan section of the project narrative.

The work plan must include:

- The points of contact and network members responsible for each activity.
- A timeline for all four years of the period of performance, by quarter. Year 1 should be your planning year, and Years 2 through 4 should be implementation years.

We recommend a table format with these headings and content:

- Goals and objectives.
- Key action steps.
  - Include target population, where applicable.
- Activities.
- Outputs, data sources, and program self-assessment methods.
  - These might include the direct products or deliverables of program activities and how you will assess them.
- Outcomes and measurements.
  - These might include the results of a program, typically describing a change in people or systems.
- Staff or organization responsible.
- Performance period and completion date.

Attachment 2: Staffing plan and job descriptions

See Section 4.1.vi of the Application Guide.

Include a staffing plan that shows all staff positions funded by the award and key information about each staff member. Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time (FTE allocations) you request for each staff position.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

Note: Individual staff cannot bill more than 1.0 FTE across federal awards.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in attachment 2: staffing plan and job descriptions.

For key personnel, biographical sketches should be two pages or less. If you include someone you have not hired yet, provide a letter of commitment from that person with the biographical sketch.

Attachment 4: Memoranda of agreement/ understanding or other written agreements

Provide a signed copy of your proposed network's memoranda of agreement (MOA), memoranda of understanding (MOU), or other written agreements. All network partners must sign the document, signifying their formal commitment as Rural MOMS network members.

Acceptable MOA/Us and other written agreements must:

- Describe the network purpose and activities.
- Clearly specify each organization's role and responsibilities in terms of participation, governance, voting, integration of data use and sharing capabilities (see attachment 5: Data use and sharing agreement), and membership benefits.
- Points of contact who will participate in network activities, regularly attend meetings, and collaborate with network partners as part of the Rural MOMS project.

If possible, you must include a MOA, MOU, or other written agreement from the State Medicaid Office.

If you cannot, you must include a letter of commitment from the State Medicaid Office in this attachment. The letter must include at least one point of contact from the State Medicaid agency who will participate in network activities, regularly attend meetings, and collaborate with network partners as part of the Rural MOMS project. The letter should also describe the extent of the partnership and specific role of the state Medicaid agency as part of the Rural MOMS network to implement the project. If you receive the award, you will be required to submit a signed MOA/U or other written agreement with your state Medicaid agency within six months of the project start date.

Attachment 5: Data use and sharing agreement

Provide a dated document signed by all your network members that details:

- The established terms and conditions that the network partners (including the lead applicant) will follow to acquire and use data to meet program data reporting requirements.
- Attestation that data used and shared will be appropriate and valid.

If this documentation is already included within Attachment 4: Memoranda of agreement/understanding or other written agreements please submit a single-page document stating that the documentation is provided there. Include the page numbers for the relevant information.

Attachment 6: Map of service area

Include a map that shows the location of network members, the geographic area that the network will serve, and any other information that will help reviewers visualize and understand the scope of the proposed project activities.

Also include a list of the physical addresses of service providers and the zip codes and county names of the service area. The service area must serve only HRSA-designated rural areas.

Attachment 7: Funding priority documentation

Submit only if applicable.

If you qualify for a funding priority, you must provide the requested supporting documentation for each funding priority to receive the priority point(s).

If you do not provide the requested supporting documentation for any funding priorities you qualify for, HRSA will not award you the priority point(s).

You can provide the requested supporting documentation for more than one priority (3 points maximum).

Established network history (1 point)

This funding priority is for networks that have a history of collaboration for governmental or privately funded healthcare services projects. You must describe your proposed network's history of collaboration as part of this attachment to qualify. This must include documentation of all of the following:

- A statement indicating that your organization qualifies for this funding priority included in your abstract.

- A summary describing your network that demonstrates a clear history of established ongoing collaboration for the duration of at least one or more years.
- Documentation that demonstrates history of established commitment from network partners, as demonstrated by signed agreement and/or governing documents such as MOA/U, charters, other written agreements, or other types of written network products such as sustainability plans or strategic plans.
- How your network history can contribute towards improving access to maternal health services and reducing risks associated with maternal mortality.
- If you are a member of another HRSA-funded network applying to the Rural MOMS program, you must provide the grant funded abstract for the respective project(s).

Top 10 states with the highest average MCTA scores (2 points):

This funding priority is for networks that serve rural communities located in one or more of the states with the top 10 highest average MCTA scores, detailed in Appendix A. If you qualify for the **top 10 states with the highest average MCTA score funding priority**, you must provide:

- A statement indicating that your organization qualifies for this funding priority in your abstract.
- A statement, included in this attachment, that contains language similar to: "[Applicant organization name] qualifies for the **top 10 states with the highest average MCTA score funding priority**. The proposed Rural MOMS program will serve [name(s) of county(ies)] located in the proposed service areas within [name of state], which is one of the states with the top 10 highest average MCTA scores."
- A map providing documentation from the HRSA HPSA website, showing which county(ies) included in your proposed service area are part of one or more of the states with the top 10 highest average MCTA scores.

See Selection process for information about how these funding priorities apply.

Attachment 8: Network organizational chart

Provide a one-page diagram that shows the network's organizational structure. The diagram should clearly show the relationship between network members and include your network's governing board.

Attachment 9: List of network members

For each member of the network, include the following in a table format. List the applicant organization first.

- Member name.
- Member business address, including city, county, state, and zip code.
- Member service delivery street address, including city, county, state, and zip code. If the location where the member is providing services is the same as the business address, please write "Same as business address."
- Whether the member is located in a HRSA-designated rural area.
- Primary point of contact at organization.
- Member EIN.
- Facility type (such as hospital, RHC, or FQHC) and level of maternal care provided (levels I-IV), as applicable.
- Sector, such as health care, public health, education, or transportation.
- The periods of maternal health care provided by the member—preconception; pregnancy, labor, and delivery; and/or postpartum.

Attachment 10: Documentation from State Office of Rural Health

You must notify your State Office of Rural Health (SORH) that you plan to apply to this program. If you are from the U.S. territories and do not have the equivalent of a SORH, please state that there is no SORH in your region as part of this attachment.

Include a copy of the SORH's response to your notification that you are applying for the grant funding. If there is no response from your SORH, please include documentation of your notification to your SORH.

Attachment 11: Tribal EIN/UEI exception request (if applicable)

Submit only if applicable.

For tribal exceptions requests, include:

- Names, titles, email addresses, and phone numbers for points of contact at your organization and your network members.
- Justification for sending multiple applications under the same EIN and/or UEI. This could include a unique focus area or services provided, or a lack of other appropriate entities to submit the application.

Attachment 12: EIN/UEI exception request (if applicable)

Submit only if applicable.

We may allow separate applications associated with a single EIN or UEI if you provide the following information. See the information on application limits for eligibility information.

- Names, street addresses, EINs, or UEI numbers of the applicant organizations.
- Name, street address, EIN, or UEI number of the parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at the applicant organization and the parent organization.
- Proposed service areas for the network.
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their projects, independent of each other and the parent organization.
- Signatures from the points of contact at the applicant organizations and the parent organization.

Applications associated with the same EIN or UEI should be independently developed and written.

We reserve the right to deny this request if you provide insufficient information or if we receive nearly identical applications from organizations using the same EIN or UEI.

Attachment 13-15: Other relevant documents (optional)

Include any other documents that may be relevant to the application. These might include additional letters of support.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Form	Submission requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award
Budget Narrative Attachment Form	With application
Project/Performance Site Location(s)	With application.
Grants.gov Lobbying Form	With application.
Key Contacts	With application.

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, including the completeness and responsiveness criteria. If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use the following criteria.

Criterion	Total number of points = 100
1. Need	20 points
2. Response	30 points
3. Program self-assessment	5 points
4. Impact	20 points
5. Resources and capabilities	20 points
6. Support requested	5 points

Criterion 1: Need (20 points)

See project narrative Introduction and Need sections.

Proposed Project (5 points)

Reviewers will determine the extent to which the application clearly identifies and describes how project activities and strategies will:

- Address barriers to maternal health, improve and expand coordination of and access to maternal health care services for the proposed target area(s).
- Support assistance to pregnant people with accessing and utilizing prenatal care, labor care, birthing, and postpartum care services, including mental and behavioral care services, when applicable.
- Support sustaining or enhancing obstetric services in rural hospitals within the service area.

- Reduce risk factors associated with managing high-risk pregnancies and deliveries such as depression, gestational diabetes, and hypertension.
- Leverage existing infrastructure or create an organized process for collaboration and communication, including collaboration for financial viability and sustainability of project services and activities.

Target Service Area Need (5 points)

The extent to which the application clearly describes the needs of the target service area(s), including:

- Needs supported by national and/or local rankings data, including the number of maternal deaths or most recent maternal mortality ratio; social vulnerability index; or other maternal health indicators.
- Health-related challenges, including contributing factors to those challenges such as, geography, socioeconomic status, disability status, primary language, health literacy, and other elements, as relevant in the proposed service area.
- If applicable, how the project plans to serve any individuals with disabilities, non-English speaking populations, people with limited health literacy, or any other specific population attributes unique to the maternal and infant populations in the target service area.
- Discusses and contextualizes the target population with respect to demographic characteristics. If the service area has a low population density where such data may impact patient privacy, the application includes contextual information about the total population in the service area.

Target Service Area Coordination (10 points)

The extent to which the application details:

- The potential impact of the project on current providers in the proposed target service area, including impact and plans for coordination with providers that the project may share patients with and/or work together in some capacity.
- The health care services available in or near the target service area, including any gaps in comprehensive perinatal (prenatal, delivery, and postpartum) health services the proposed project aims will contribute to filling.
- How the proposed network will focus on developing, maintaining, or enhancing access to obstetric services in its participating rural hospitals, including any recent or pending changes to obstetric services such as labor and delivery unit closures, OB-GYN practice closure, or hospital consolidation. This includes, if applicable, for the proposed project:
    - The role of any existing FQHCs, FQHC look-alikes, RHCs, and CAHs in the Rural MOMS network.

- How the proposed project will work in conjunction with any other federally funded programs such as Healthy Start, Home Visiting, AIM, PQCs and MMRCs, if applicable and available in the proposed service area to be leveraged in the continuum of care.

Criterion 2: Response (30 points)

See project narrative Approach and Resolving challenges sections.

Reviewers will review your application for the following information about your proposed project approach, network, and resolutions to challenges.

Network Approach (5 points)

The extent to which the application:

- Provides a clear plan detailing how the planned network will address the needs of the proposed service area and fulfill the network requirements listed in the other eligibility criteria and the considerations in Appendix B: Types of Rural MOMS Network Partners, and as described in Appendix C. **NOTE**: If the applicant has previously received an award under this program for the same or similar project, how well the applicant describes the expanded project scope or area should also be evaluated as part of this score.
- Clearly demonstrates consistent references to partners described contained in attachment 9: List of network members and attachment 8: network organizational chart.
- Details how the network will collaborate with one or more available academic institutions (or other comparable regional partner(s)) that can provide regional expertise, help identify barriers to providing maternal health care, and provide strategies for addressing these barriers. **NOTE:** If collaboration with an academic institution is not available in the applicant's region, they have stated as such and describe other types of collaborations that will help provide network regional expertise, help identify barriers to providing maternal health care, and implement strategies to address them.
- Identifies potential regional or state-based entities that the project plans to add to the network during the Rural MOMS period of performance and/or beyond.

Network Collaboration (5 points)

The extent to which the application describes clear and effective strategies for outreach, collaboration, including:

- How the network members will collaborate effectively based in alignment to Rural MOMS network collaboration requirements.

- How the network will collaborate to create and implement a shared network governance structure, also in alignment with the Rural MOMS network collaboration requirements.
- How the network will share communications, updates, reports, products, or project outputs with network members and, if applicable, strategies for staff training.
- How the network will ensure at least one person from each network member actively participates in carrying out project activities. This should include identified points of contact demonstrated in both Attachment 1: Work plan and Attachment 4: Memoranda of agreement/understanding and other written agreementshttps://nih.sharepoint.com/sites/hrsa-dynamics/nofo_nofo/HRSA-25-041_E6D524C1E1DAEE119078001DD830668F/HYPERLINK.
- How the network will implement effective processes for collecting feedback from other stakeholders in the community and surrounding areas who are not part of the Rural MOMS network, including specific examples.

Network Services (10 points)

Strength of the application's descriptions that detail how the network will:

- Coordinate and sustain the delivery and access to preconception, prenatal, pregnancy, labor and delivery, and postpartum services, including perinatal mental and behavioral health care services, as applicable.
- Provide risk-appropriate care to ensure pregnant patients in the rural target service area receive care in a facility that best meets their needs.
- Coordinate care to reduce risks associated with maternal mortality, including blood pressure monitoring, diabetes management, and other evidence-based clinical and support interventions, including perinatal mental and behavioral health care services, as applicable.
- Effectively train professionals in health care settings that do not have specialty maternity care or have lower volumes of obstetric patients to promote obstetric emergency readiness and reduce risk of maternal mortality.
- Use innovative strategies to meet the unique needs of pregnant people and new mothers in the proposed service area.

Network Sustainability (5 points)

The extent to which the application:

- Describes clear strategies the network will use during and after federal funding ends, such as billing as a network comprised of a combination of at least 2 of these specific types of organizations (FQHC, FQHC look-alikes, CAH, or RHCs).

- Describes any applicable incentive program participation such as accountable care organizations (ACOs), patient-centered medical homes (PCMHs), and bundled payments.
- Identifies and details existing or planned network service model strategies.

Resolving challenges (5 points)

- The extent to which the application clearly describes and provides examples of anticipated challenges and specific strategies on how to resolve them.
- The strength of how the network will ensure smooth transitions and continuity of operations if staff changes occur at network partners.
- The extent to which the application has clear plans in place for how to they will handle changes in policy, systems, and/or environment.
- How well the application identifies potential barriers to network performance and describes the network's plan to address them.

Criterion 3: Program Self-assessment measures (5 points)

See the Project Narrative Program Self-Assessment section.

Reviewers will determine the extent to which your application describes the expected outcomes of the proposed project and how these outcomes will be measured, including:

- Utilization of effective processes and systems described in the application that are suitable for tracking performance outcomes and reporting performance outcomes accurately and on time. These systems could include staff specialized skills and/or data management software.
- The capacity to oversee the data collection, cleaning, and reporting to HRSA from network partners, as specified in the cooperative agreement terms.
- The effectiveness of the network's strategy to receive input from network partners, target populations, and other relevant community-level partners and other relevant service area populations, including how the applicant plans to assess collaboration within the proposed network.

Criterion 4: Impact (20 points)

See Project Narrative Work Plan section.

Reviewers will assess the strength of the work plan and its reasonableness to be implemented effectively, including:

- How well the work plan aligns with the project purpose, goals, and objectives, including details for how the network plans to enhance and preserve access to obstetrics care in their service area with an emphasis on sustainability.
- How likely the proposed project work plan is to positively impact the target population and improve maternal health access and outcomes
- How well the application identifies who will be responsible for and/or be involved in the planning, design, and implementation of each work plan activity in alignment with the work plan detailed under Attachment 1: Work plan.
- How appropriate the timeline is for project activities during the period of performance as demonstrated in requested information provided in work plan narrative and Attachment 1: Work Plan.
- The strength of the proposed strategies/activities and use of performance, outcome measures, and/or benchmarks for monitoring progress and reducing health disparities in maternal health outcomes or access to maternal health care services among target population and any applicable subpopulations within the service area(s).
- The extent to which the work plan effectively includes activities that work to reduce risk factors associated with managing high-risk pregnancies and deliveries, including mental and behavioral health related risk factors, when applicable.

Criterion 5: Resources and capabilities (20 points)

See Project Narrative Organizational Information and Program Self-Assessment sections.

Reviewers will assess the strength of your organizational capacity and approaches to program self-assessment for serving rural maternal populations described in your application.

This includes to what extent the application demonstrates:

- The organization's assets, skills, and qualifications described clearly communicates adequate capacity to carry out the project, including the ability of the network members to deliver services, contribute to the network, and meet the needs of the project.
- Clear expertise as described for each of the network member and conveys why each are an appropriate collaborator on the project, including:
    - Clear outline of involvement, roles, responsibilities, contributions, and commitment to sustain project services and activities.
    - Appropriate indicators identified for use to assess the effectiveness of communication and coordination of the network and timely implementation.

    - Collaboration to support financial sustainability of proposed project network services during and after grant funding is well defined.

- How the network will collaborate with specialty care and tertiary providers (level III and level IV facilities, as documented in attachment 9) and required as part of your network composition) to meet the network collaboration requirements.
- A distinct strategy for effective distribution of award funds to network members.
- The organizational profile, partners' organizations profiles, key staff's experience, skills and knowledge described reflects adequate organizational expertise and capacity aligned with and able to support the scope of work proposed.
- Clear identification of a project director with capacity, as demonstrated in Attachment 1: Work Plan, Attachment 2: Staffing Plan and Job Descriptions, and Attachment 3: Biographical sketches to implement proposed project activities and management experience involving multiple organizational arrangements. HRSA strongly recommends a project management team comprised of a full-time project director (1.0 FTE) along with multiple team members supporting the project director to lead various aspects of the proposed project.
- Clear depiction of the geographic relationship of the network to the proposed rural service population that clearly assures maternal populations in the proposed service area will be served.
- The ability and capacity to fulfill staffing, data and financial analysis, and administrative needs of the proposed project, based on the resources available and the training, experience, and qualifications of the project director and other key project staff. NOTE: HRSA strongly recommends having staff members with data analysis, financial analysis, and benefits counseling skills and experience.

Criterion 6: Support requested (5 points)

See Budget Narrative section.

Reviewers will assess the strength your financial plan related to the project. This includes:

- How reasonable the proposed budget (such as personnel, travel, equipment, supplies, information technology, and contractual services) is for each year of the 4-year performance period in supporting the goals and activities of the proposed funded activities.
- Extent to which costs outlined in the budget and required resources sections, are reasonable and align with the project scope.
- Extent to which key staff described have adequate time devoted to the project to effectively implement project activities and achieve program goals.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 45 CFR 75.205.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.

- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding priorities

A funding priority adds points to merit review scores if HRSA determines that the application meets the criteria below. Qualifying for a funding priority does not guarantee that your application will be successful.

HRSA reserves the right to not award priority points.

This program includes the following funding priorities.

Priority 1: Established network history (1 point)

This funding priority is for networks that have a history of collaboration for governmental or privately-funded healthcare services projects. You must provide the documentation required in attachment 7, Priority 1.

Priority 2: Top 10 states with the highest average MCTA scores (2 points)

This funding priority, is for networks that serve rural communities located in one or more of the states with the top 10 highest average MCTA scores, as detailed in Appendix A for the purposes of this NOFO. You must provide the documentation required in attachment 7, Priority 2.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the notice of funding opportunity. See Section 5.4 of the Application Guide [PDF] for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

In this step

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on finding the application package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations, and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See information in Get registered. You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by April 22, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact [PDF]. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit*?
☐ Project abstract	Use the Project Abstract Summary form.	No
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments (13 total)	Insert each in a single Attachments form.	
☐ 1. Work plan		Yes
☐ 2. Staffing plan and job descriptions		Yes
☐ 3. Biographical sketches		No
☐ 4. MOA/U or other written agreements		No
☐ 5. Data use and sharing agreement		Yes
☐ 6. Map of service area		No
☐ 7. Funding priority documentation		Yes
☐ 8. Network organizational chart		Yes
☐ 9. List of network members		Yes
☐ 10. Documentation from SORH		No
☐ 11. Tribal EIN/UEI exception request (if applicable)		No
☐ 12. EIN/UEI exception request (if applicable)		No
☐ 13. Other relevant documents (optional)		Yes
Other required forms (6 total)	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No

Component	How to upload	Included in page limit*?
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ Grants.gov Lobbying Form		No
☐ Project/Performance Site Location(s)		No
☐ Key Contacts		No

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations.
- Effective October 1, 2024, HHS adopted the following superseding provisions:
  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, Supply.
  - 2 CFR 200.313(e), Equipment, Disposition.
  - 2 CFR 200.314(a), Supplies.
  - 2 CFR 200.320, Methods of procurement to be followed.
  - 2 CFR 200.333, Fixed amount subawards.
  - 2 CFR 200.344, Closeout.
  - 2 CFR 200.414(f), Indirect (F&A) costs.
  - 2 CFR 200.501, Audit requirements.
- The HHS Grants Policy Statement (GPS) [PDF] . Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements [PDF].
- The requirements for performance management in 2 CFR 200.301.

Nondiscrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690) [PDF]. To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

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

Executive Order on Worker Organizing and Empowerment

The Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the NIST Cybersecurity Framework. Your plan should include the following steps:

- **Identify:**
  - List all assets and accounts with access to HHS systems or PII/PHI.
- **Protect:**
  - Limit access to only those who need it for award activities.

- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at HHS Knowledge on Demand.
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly back up and test sensitive data.

- **Detect:**
  - Install antivirus or antimalware software on all devices connected to HHS systems.
- **Respond:**
  - Create an incident response plan. See CISA's Incident Response Plan Basics for guidance.
  - Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
    - Any unplanned interruption or reduction of quality, or
    - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.
- **Recover:**
  - Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the Application Guide. The NoA will provide specific details.

You must also follow these program-specific reporting requirements:

- **Progress reports annually.**
  - Annual performance reports through Electronic Handbooks.
- **Data reporting:** You will need to collaborate with HRSA and the HRSA-funded data support provider to monitor the progress of your project. In the first year of the project, HRSA will provide more information on the specific data elements that you will need to collect and report on annually.
- **Asset mapping:** You will submit a baseline services map during the planning year that will include an asset mapping of relevant health services in the service area and a gap analysis. HRSA will provide more information following receipt of an award.
- **Data collection plan:** You will need to submit a collection plan during the planning year that details each network partner's capability to collect and report data, and the network's plan to meet data reporting requirements. HRSA will provide more information following receipt of an award.

- **Strategic work plan:** You will provide updates to your work plan throughout the period of performance.
- **Sustainability plan:** We require a draft sustainability plan at the end of the planning year (Year 1), which you will revisit and update throughout the period of performance. You will submit a final sustainability plan in Year 4 of the period of performance. HRSA will provide more information following receipt of an award.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Vicky Tsai
Program Coordinator

Attn: **Rural MOMS Program**
Federal Office of Rural Health Policy
Health Resources and Services Administration
Email your questions to: RMOMS@hrsa.gov
Call: 301-443-0835

Financial and budget

Bria Haley
Grants Management Specialist

Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Email your questions to: bhaley@hrsa.gov
Call: 301-443-3778

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Reference websites

- Accountable Care and Accountable Care Organizations | CMS
- Applicant Registration | Grants.gov
- Apply for a Grant Guidance – HRSA
- Area Health Education Centers Directory Report
- Assurance of Compliance (HHS-690) [PDF]
- Centering Pregnancy Website
- CISA's Incident Response Plan Basics
- Defining the PCMH | Agency for Healthcare Research and Quality
- Electronic Handbooks
- Electronic Handbooks Contact Center
- Entity Information | SAM.gov
- Executive Order on Worker Organizing and Empowerment (E.O. 14025)
- Federally Qualified Health Centers (FQHCs) and the Health Center Program Overview - Rural Health Information Hub
- Federal Service Desk
- Find a Health Center (HRSA Website)
- FQHC and RHC Supplemental Payment Requirements and FQHC, RHC, and FBC Network Sufficiency under Medicaid and CHIP Managed Care
- Grants.gov Knowledge Base
- Grants.gov Quick Start Guide for Applicants
- Health Center Program Look-Alikes | HRSA
- Healthy Start Locator | MCHB
- HHS Administrative and National Policy Requirements [PDF]
- HHS Grants Policy Statement (GPS) [PDF]
- HHS Knowledge on Demand
- HHS Non-discrimination requirements
- HHS Office for Civil Rights
- HHS Tips for Preparing Grant Proposals
- HRSA Application Guide
- HRSA Data Warehouse
- HRSA Rural Status Website

- HRSA Financial Assistance General Certifications and Representations
- HRSA Grants
- HRSA's How to Prepare Your Application
- HRSA Application Guide
- HRSA OCRDI's website
- Laws and Regulations Enforced by the HHS Office for Civil Rights
- Levels of Maternal Care | ACOG
- Manage Your Grant | HRSA
- Maternal Health Innovations Report [PDF]
- Medicaid-Payment-Policy-for-Federally-Qualified-Health-Centers.pdf
- Monitoring Obstetric Unit Closures and Measuring Closure Impacts to Support Rural Maternity Care Access
- NIST Cybersecurity Framework
- Rural Health Clinics (RHCs) Overview - Rural Health Information Hub
- Rural Health Grants Eligibility Analyzer
- Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007–15 | Health Affairs
- S&C QCOR Home Page (RHC locator)
- SAM.gov Entity Registration
- Search Grants at Grants.gov
- State Office of Rural Health (SORH) website
- State Office of Rural Health Members
- U.S. General Services Administration per diem rates
- What Is Shortage Designation? | Bureau of Health Workforce
- Why Are Obstetric Units in Rural Hospitals Closing Their Doors?
- Reference regulations:
  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, Supplies.
  - 2 CFR 200.301
  - 45 CFR 75.307
  - 2 CFR 200.313(e), Equipment, Disposition.
  - 2 CFR 200.314(a), Supplies.
  - 2 CFR 200.320, Methods of procurement to be followed.

- 2 CFR 200.333, Fixed amount subawards.
- 2 CFR 200.344, Closeout.
- 2 CFR 200.414(f), Indirect (F&A) costs.
- 45 CFR 75.400(g)
- 2 CFR 200.501, Audit requirements.

Appendix A: Top 10 States with the Highest Average MCTA Scores

You will be granted a funding priority if you clearly demonstrate how the network will serve rural communities located in one or more of the states with the top 10 highest average MCTA scores, detailed in the list below. To qualify for the funding priority, in attachment 7, please identify which counties and states you are serving.

Top 10 States with the Highest Average MCTA Scores

State	Average MCTA Score*: Geographic/Population HPSAs
Louisiana	18.33
Mississippi	18.03
Alabama	17.57
Georgia	17.51
Arkansas	17.00
West Virginia	16.50
Oklahoma	16.38
Kentucky	16.15
Tennessee	15.82
New Mexico	15.68

*Average MCTA scores were calculated using publicly available data from the HRSA Data Warehouse. State-level averages reflect MCTA scores on August 26, 2024, for areas designated as geographic, high-need geographic, and population HPSAs.

Appendix B: Types of Rural MOMS Network Partners

There are a range of potential partners for Rural MOMS applicants. This list details short descriptions of some potential partners and information on why they may be valuable Rural MOMS partners.

Rural Hospitals and/or Critical Access Hospitals (CAH): Rural hospitals and CAHs are often a linchpin for health care in rural communities. While some may not provide obstetrical services, they may be required to provide emergency deliveries. Including rural hospitals and/or CAHs in a Rural MOMS network may help to reduce emergency deliveries. For rural hospitals and CAHs that still provide deliveries, the ability to benefit from coordinated maternal care during pregnancy and post-partum will also help ensure continued access to these services. There are models of successful rural hospitals and CAH obstetric care to consider.

Area Health Education Centers (AHECs): AHECs are HRSA-funded programs that seek to improve access to health care by developing education and training networks. Find a directory of AHECs at this link.

Healthy Start: HRSA-funded Healthy Start programs seek to improve health outcomes for pregnant people, infants and families. Healthy Start focuses on communities with high rates of infant mortality and adverse perinatal outcomes. See information on existing Healthy Start locations at this link.

Maternal Infant and Early Childhood Home Visiting Program (MIECHV): HRSA's MIECHV Program provides funds to states to help pregnant people and parents of young children improve health and well-being for themselves and their families. The program pairs trained home visitors with families to set and achieve goals. Current program information is available at this link.

Rural Health Clinics (RHC): An RHC is a clinic located in a rural, underserved area with a shortage of primary care providers. There are more than 5,600 RHCs nationally. They can be independent/freestanding RHCs or provider based RHCs. Most provider-based RHCs are hospital-owned. RHCs receive an all-inclusive, per visit Medicaid payment, based on encounters. You can find RHCs in your state at this link.

Federally Qualified Health Centers (FQHC): An FQHC is a public or nonprofit health clinic that provides primary care services to underserved communities. FQHCs are

safety net providers that operate in both rural and urban areas. FQHCs can be HRSA-funded health centers or health center program look-alikes that does not receive HRSA funding but share many of the benefits. FQHCs provide services regardless of a patient's ability to pay and offer discounted services on a sliding fee scale based on income and family size. FQHCs receive an all-inclusive, per visit Medicaid payment, based on encounters. Find FQHCs in your area.

Mental and Behavioral Health Providers and Organizations: Providers and Organizations that provide prenatal and postpartum mental and behavioral health care services, including organizations such as Certified Community Behavioral Health Clinics (CCBC) in your area, among other provider and organization types, provide critical linkages for mothers and their families before and after birth.

Rural MOMS awardees should strongly consider including either a Centers for Medicare & Medicaid Services-certified RHC, FQHC, or FQHC Look-Alike in their network and centering those sites as a key point of access for prenatal and postpartum care for pregnant mothers and their babies and get RHC or FQHC Medicaid reimbursement. This is significant given that more than 40 percent of births nationally are paid for by Medicaid.

Medicaid payment for prenatal and post-partum visits can vary significantly from location to location and from state to state. In many cases, the Medicaid rate for FQHCs and RHCs providing maternal health services may be higher than in other locations.

FQHCs are paid on a prospective payment system (PPS) for Medicaid services. RHCs are paid under either PPS, similar to FQHCs, or an alternative payment methodology (APM). Applicants should take into account the payment policies for RHCs and FQHCs as they put together their networks and their plan for how best to provide sustainable maternal services in their rural service area.

Rural MOMS applicants can learn more about important considerations on successful maternal health strategies (including strategic incorporation of FQHCs and RHCs as service sites) by reviewing reports from the 2024 Rural Maternity Innovation Summit reports. A successful Rural MOMS sustainability application should consider aligned billing practices that leverage the unique status of FQHCs and RHCs.

Appendix C: Glossary

Accountable care organization (ACO): Groups of doctors, hospitals, and other health care professionals that work together to give patients high-quality, coordinated service and health care, improve health outcomes, and manage costs. ACOs may be in a specific geographic area and/or focused on patients who have a specific condition, like chronic kidney disease.

Established network: A **formal network** that has a history of working together and written collaborative agreements signifying their collaboration (see "formal network" definition for more information).

Formal network: A network organization with a signed memorandum of agreement (MOA), memorandum of understanding (MOU), signed and dated bylaws, or other written collaborative agreements. The network has a governing body that includes representation from all network member organizations. The governing body, rather than an individual network member, makes financial and programmatic decisions. The network ensures a joint decision-making model where all network members have an equal voice. Network decisions, information and data sharing, and budget allocation decisions are made transparently.

Federally Qualified Health Center (FQHC): "FQHCs are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. They include [HRSA] Health Center Program award recipients and look-alikes, and certain outpatient clinics associated with tribal organizations."

FQHC Look-Alike: FQHCs that meet the requirements of the HRSA Health Center Program, but don't receive Health Center Program funding. They provide primary care services in underserved areas, provide care on a sliding fee scale based on ability to pay, and operate under a governing board that includes patients. Note: An advisory board that provides advice is not considered a qualified governing body for a FQHC Look-Alike. An already existing nonprofit board of individuals that provides oversight to a single organization is also not an eligible governing body.

Health care network: A formal organizational arrangement among at least three regional or local health care organizations or health care providers that plan and develop strategies for improving health services in a community.

Health care providers: Entities providing health care, health-related, and social services. These organizations include, but are not limited to, community and migrant health centers, emergency services providers, community health centers/federally qualified health centers, health profession schools, home health providers, hospitals,

local school districts, mental health centers, oral health providers, primary care providers, public health agencies, religious organizations, rural health clinics, social service agencies, substance abuse service providers, tribal health programs, churches and civic organizations that are providing health related services. For the purposes of this program, a regional or state entity such as a regional managed care association, and regional health care foundations, can also be part of this category and included as a network member.

Letter of commitment: A written document signed and dated by all network members to reflect their mutual commitment to the network and describe their anticipated involvement.

Maternity Care Health Professional Target Areas (MCTAs): Areas within an existing Primary Care Health Professional Shortage Area that have a shortage of maternity health care professionals.

Memorandum of agreement/understanding (MOA/U): A written document signed by all network member CEOs, board chairs, or tribal authorities to signify their formal commitment as network members. An acceptable MOA/U must describe:

- The network purpose and activities.
- Member responsibilities in terms of financial contribution, participation, and voting.
- Membership benefits.

Patient-centered medical home (PCMH): A model of primary care delivery and organization that encompasses five functions and attributes: comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Project director: The individual who directs the project being supported by the award. The project director is responsible for all implementation and management activities of the project. The permanent project director may be under contract to the award recipient, and the contractual agreement must be explained in project narrative and noted in Attachment 1: work plan.

telehealth: The use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.

tertiary institution/provider: Health facilities providing level III or level IV maternal health services, as defined by the ACOG. Tertiary institutions or providers should be able to:

- Enhance clinical case management of higher-risk pregnant patients living in geographically isolated areas.
- Provide obstetric emergency training.

- Develop a process for patient transfers and care coordination.
- Enhance and preserve the ability of participating rural hospitals to provide obstetric services.
- Manage and treat the risk factors associated with high-risk pregnancies and deliveries.

Appendix D: Determining Rural Status

Determining Rural Status

For the purposes of this NOFO, there are **two ways to determine** if a county or census tract is a qualifying HRSA-designated rural area:

1. **Rural Health Grants Eligibility Analyzer**
    - The Rural Health Grants Eligibility Analyzer identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 2025.
2. **List of formerly HRSA-designated rural counties**
    - There are 17 counties that were considered fully within HRSA-designated rural areas in FY 2024 that are no longer fully rural due to updates from the Office of Management and Budget (OMB).
    - While either some or all areas in these 17 counties will ***not*** appear as rural in the Rural Health Grants Eligibility Analyzer, reference to **these counties** in your application will qualify as a HRSA-designated rural areas for the purposes of this NOFO.

Eligible Counties that were fully rural in FY 2024 and have changed status in FY 2025

For Fiscal Year (FY) 2025 grants, there are 17 counties that were considered fully within the Federal Office of Rural Health Policy (FORHP)-designated rural areas in FY2024 that are no longer fully rural due to updates from the Office of Management and Budget (OMB). While either some or all areas in these 17 counties will not appear as rural in the Rural Health Grants Eligibility Analyzer, reference to these counties in your application will qualify as HRSA-designated rural areas for the purposes of this Notice of Funding Opportunity (NOFO).

In Attachment 6: Map of service area, please include a screenshot or printout of the Eligibility Analyzer result or reference the list of 17 eligible counties, as applicable.

Below is a list of counties that were fully rural in FY 2024 and have changed status in FY 2025.

Note: These counties may still include rural census tracts, but they are no longer fully rural due to the OMB updates.

FIPS Code	State	County
09005	CT	Litchfield*
12089	FL	Nassau
18159	IN	Tipton
20103	KS	Leavenworth
22093	LA	St. James
26055	MI	Grand Traverse
26089	MI	Leelanau
32019	NV	Lyon
37125	NC	Moore
39043	OH	Erie
39127	OH	Perry
47057	TN	Grainger
47119	TN	Maury
48291	TX	Liberty
48325	TX	Medina
48497	TX	Wise
55123	WI	Vernon

*Note: In 2022, Connecticut adopted nine planning regions as county-equivalents, effectively renaming and redrawing county lines. In the prior rural definitions update, Litchfield was fully FOHRP rural. With the redrawing, some Litchfield census tracts moved to neighboring planning regions, which are not fully FORHP rural. For FY 2025, any census tract that was in Litchfield County, CT will still be considered FORHP rural.

Endnotes

1. In this NOFO, the term "frontier area" means a frontier county, as defined in 42 U.S.C. 1395ww(d)(3)(E)(iii)(III) . The terms "Indian Tribe" and "Tribal organization" have the meanings given the terms "Indian tribe" and "tribal organization" in 25 U.S.C. 5304 . ↑
2. Kozhimannil, K. B., Interrante, J. D., Henning-Smith, C., & Admon, L. K. (2019). Rural-Urban Differences in severe maternal morbidity and mortality in the US, 2007–15. Health Affairs, 38(12), 2077–2085. https://doi.org/10.1377/hlthaff.2019.00805 ↑
3. Hung, P., Kozhimannil, K. B., Casey, M. M., & Moscovice, I. S. (2016). Why Are Obstetric Units in Rural Hospitals Closing Their Doors?. Health services research, 51(4), 1546–1560. https://doi.org/10.1111/1475-6773.12441 ↑