

the formation of consortium arrangements among three or more separate and distinct entities to carry out the demonstration projects.

A consortium must be composed of three or more health care organizations, or a combination of three or more health care and social service organizations. At least one of the entities must be a health care service delivery organization. Individual members of a consortium might include such entities as hospitals, public health agencies, Area Health Education Centers, home health providers, mental health centers, substance abuse service providers, rural health clinics, social service agencies, health profession schools, local school districts, emergency service providers, community and migrant health centers, civic organizations, etc. Although applicants for the program must be nonprofit or public entities, other consortium members may be for-profit organizations.

The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the project. The process used to ensure compliance with the consortium requirement includes two steps: (1) making sure that at least three organizations, including the applicant, are identified, and that each is a separate legal entity, and (2) ensuring that each member plays a substantial part in accomplishing the objectives of the project.

Applicants are encouraged to develop projects to address specific areas of need in their communities. Need can be established through a formal needs assessment or by population specific demographic data. The following are examples of project focus areas that can be supported through this program:

1. Projects that bring ambulatory and mental health care to unserved or underserved rural areas or populations. The HRSA has a special priority to establish primary care programs along the U.S./Mexican border.

2. Projects that provide, or make possible the provision, of emergency medical services within rural areas that lack these services.

3. The creation of new integrated networks of providers to deliver ambulatory care when such networks appear likely to improve access to health care or its quality. The HRSA is especially interested in networks that may become a part of managed care systems in rural areas.

4. Projects that provide services that enable rural populations to better utilize existing health services, including those involving the use of community outreach workers.

5. Projects that provide training for health care professionals and workers, including community outreach workers, when such training may be demonstrated to be likely to lead to higher quality services or more accessible services in rural areas.

6. Projects that enhance the health and safety of farmers, farm families, and migrant and seasonal farm workers through direct services.

7. Projects that address the needs of rural minority populations.

8. Projects that train rural people in disease prevention and health promotion, when such training addresses critical needs of the area.

9. Telecommunication and telemedicine projects.

10. Projects on adolescent health and on school-based programs.

The focus areas listed above are examples only. All projects must address the demonstrated needs of the community.

Review Consideration

Grant applications will be evaluated on the basis of the following criteria:

1. The extent to which the applicant has documented and justified the need(s) for the proposed project.

2. The extent to which the applicant has proposed new approaches that will meet the health care needs of the community and has developed measurable goals and objectives for carrying out the project.

3. The extent to which the applicant has clearly defined the roles and responsibilities of each member of the consortium and demonstrated the experience and expertise needed to manage the project.

4. The level of local commitment and involvement with the project, as evidenced by: (1) the extent of cost participation on the part of the applicant, members of the consortium, and other organizations; (2) letters of support from community leaders and organizations; and, (3) the feasibility of plans to sustain the project after federal grant support is ended.

5. The reasonableness of the budget that is proposed for the project.

6. The extent to which the applicant has developed a realistic and workable plan for evaluating the project and for disseminating information about the project.

Geographic Considerations

The HRSA hopes to expand the outreach program into geographic areas not currently served by the program. Consequently, HRSA will consider geographic coverage when deciding which approved applications to fund.

Other Information

Grantees will be required to use at least 85 percent of the total amount awarded for outreach and care services, as opposed to administrative costs. At least 50 percent of the funds awarded must be spent in rural areas. This is a demonstration program that will not support projects that are solely or predominantly designed for the purchase of equipment or vehicles. The purchase of equipment and vehicles may not represent more than 40 percent of the total federal share of a proposal. Grant funds may not be used for purchase, construction or renovation of real property or to support the delivery of inpatient services.

Applicants are advised that the entire application may not exceed 70 pages in length including the project and budget narratives, face page, all forms, appendices, attachments and letters of support. Applications that exceed the 70 page limit will not receive consideration. All applications must be typewritten and legible. Margins must be no less than 1/2 inch on all sides.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget—# 0937-0195. Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to state and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- a. A copy of the face page of the application (SF 424).

- b. A summary of the project not to exceed one page, which provides:

- (1) A description of the population to be served.

- (2) A summary of the services to be provided.

- (3) A description of the coordination planned with the appropriate state or local health agencies.

Executive Order 12372

The Rural Health Services Outreach Grant Program has been determined to