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Opportunity Overview

Department of Health and Human Services (HHS)

Office of the National Coordinator for Health Information Technology (ONC)

Funding Opportunity Title: *American Recovery and Reinvestment Act of 2009, Health Information Technology Extension Program: Regional Centers*

Announcement Type: *Supplemental Award*

Funding Opportunity Number: 2010-ONC-REC-S-01

Catalog of Federal Domestic Assistance (CFDA) Number: 93.718

Dates: Regional Extension Center (REC) applicants must submit applications by January 12th, 2011.

Estimated Number of CAHs and Rural Hospitals to be Served	Supplemental Funding Available	Request to Participate Due	Anticipated Award Announcement Date
There are an estimated 1,782 Critical Access Hospitals (CAH) and Rural Hospitals with less than 50 beds	\$12.228 million	January 12 th , 2011	February 4 th , 2011

Funding Opportunity Description

Background and Purpose

On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (ARRA). Title XIII of Division A and Title IV of Division B of ARRA, together cited as the Health Information Technology for Economic and Clinical Health Act (HITECH Act), include provisions to promote meaningful use of health information technology to improve the quality and value of American health care. The HITECH Act also established the Office of the National Coordinator for Health Information Technology (ONC) within the U.S. Department of Health and Human Services (HHS) as the principal federal entity responsible for coordinating the effort to implement a nationwide health information technology (health IT) infrastructure that allows for the use and exchange of electronic health information in electronic format.

The HITECH Act (Title IV in Division B of ARRA) authorizes incentive payments for eligible Medicare and Medicaid providers' meaningful use of certified electronic health record (EHR) technology. In 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the "meaningful use" definition or they will be subject to financial penalties under Medicare (per Sections 4101(b) and 4102(b) of ARRA). The detailed criteria to qualify for meaningful use incentive payments will be established by the Secretary of HHS (hereafter referred to as the Secretary) through the formal

notice-and-comment rulemaking process. For access to the most current publicly available information about meaningful use, please visit the [Meaningful Use section of the ONC programmatic](#) website.

Providers seeking to meaningfully use EHRs face a variety of challenging tasks. Those tasks include assessing needs, selecting and negotiating with a system vendor or reseller, implementing project management, and instituting workflow changes to improve clinical performance and ultimately, outcomes. Past experience has shown that robust local technical assistance can result in effective implementation of EHRs and quality improvement throughout a defined geographic area.

Section 3012 of the Public Health Service Act (PHSA), as amended by ARRA (see Appendix A), authorizes a Health Information Technology Extension Program (Extension Program). By statute, the Extension Program consists of a national Health Information Technology Research Center (HITRC), and Regional Extension Centers (Regional Centers). This funding opportunity announcement seeks applications from qualified entities to serve as Regional Centers within the Extension Program. The purpose of the Regional Centers is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Regional Centers will also help providers achieve, through appropriate available infrastructures, exchange of health information in compliance with applicable statutory and regulatory requirements, and patient preferences. The support for health information exchange that is provided by Regional Centers will also be consistent with any applicable State Plan(s) for HIE developed and HHS-approved via the cooperative agreements issued by ONC pursuant to PHSA Section 3013, as added by ARRA.

Pursuant to requirements of the HITECH Act, priority shall be given to providers that are primary-care providers (physicians and/or other health care professionals with prescriptive privileges, such as physician assistants and nurse practitioners) in any of the following settings:

- individual and small group practices (ten or fewer professionals with prescriptive privileges) primarily focused on primary care;
- public and Critical Access Hospitals;
- Community Health Centers and Rural Health Clinics; and
- other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

A practice otherwise meeting the definition of individual or small-group physician practice, above, may participate in shared-services and/or group purchasing agreements, and/or reciprocal agreements for patient coverage, with other physician practices without affecting its status as individual or small-group practice for purposes of the Regional Centers.

In any given Regional Center's service area, some priority primary-care providers (as described above) may have already acquired and/or implemented EHR technology. Such providers remain priority providers, though the technical assistance required is anticipated to be focused on movement from having an EHR to achieving all aspects of meaningful use of EHR technology, including but not necessarily limited to electronic exchange of health information and reporting of quality measures using the EHR.

The ultimate measure of a Regional Center's effectiveness will be whether it has assisted providers in becoming meaningful users of certified EHR technology.

Cooperative agreement awards were made pursuant to an open competition to establish 62 regional extension centers. The awards were made on a rolling basis. The first set of 32 REC awards was made in February 2010, the second set of 28 awards was made in April 2010, and the final 2 awards were made in September 2010.

After the initial REC awards were made, the RECs recognized the challenges of serving CAH and Rural Hospitals were significant and therefore required greater resources than were provided. ONC recognized the unique needs of these hospitals and funded this project as a supplement to the REC funding (Funding Opportunity Number: EP-HIT-09-003). Supplemental funding can only be made available to entities with existing REC cooperative agreement awards. The purpose of the supplement was to ensure the provision of services to Critical Access Hospitals (CAH) and Rural Hospitals already defined within the scope of the cooperative agreements funded under FOA No. EP-HIT-09-003, as CAHs and Rural Hospitals are vital components of the rural health care system in the United States. These hospitals were included on the priority list for the RECs. The intent of the CAH/Rural Hospital Project is to provide additional support for staffing and expertise to assist rural CAHs and Rural Hospitals with less than 50 beds in selecting and implementing meaningful electronic health record (EHR) systems. These additional staff will work in coordination with other REC staff that will be supporting the primary care providers in the REC Service Areas.

The original cooperative agreement award was comprised of a four year project period, consisting of two budget periods. The first budget period (years 1 and 2) had a 90/10 cost share requirement and the second budget period (years 3 and 4) had a 10/90 cost share requirement. For the first budget period the grantee was responsible for contributing 1 dollar for every 9 federal dollars. For the second budget period, the grantee was responsible for contributing 9 dollars for every 1 dollar of federal funds.

In December 2010, the Secretary approved additional changes to the REC program under the authority of the cost-sharing waiver per the HITECH Act, stating that *“The Secretary may provide financial support to any regional center created under this subsection for a period not to exceed four years. The Secretary may not provide more than 50 percent of the capital and annual operating and maintenance funds required to create and maintain such a center, except in an instance of national economic conditions which would render this cost share requirement detrimental to the program and upon notification to Congress as to the justification to waive the cost-share requirement.”* This waiver provided changes to the REC program timeline and cost-sharing requirements. The timeline was modified to lengthen the first budget period from two years to four years. The cost-sharing requirement will now reflect a 90/10 federal/grantee cost share for all four years with the execution of a revised Notice of Grant Award (NGA).

As stated in original FOA, a positive biennial evaluation will be required for grantees to continue work in years 3 and 4 of the grant; this requirement is unchanged by the December 2010 waiver. The scope of work of the REC program also remains unchanged.

The purpose of this supplement is to further ensure the provision of services to Critical Access Hospitals (CAH) and Rural Hospitals, as described above and will make available funding to the following:

Group A: Regional Extension Centers which did not apply for supplement funding under the first supplemental funding announcement or were not funded under the first supplemental funding opportunity announcement.

Group B: Regional Extension Centers which did receive supplemental funding, and are applying for an additional \$6,000 per eligible Critical Access Hospital (CAH) and Rural Hospital already defined within the scope of its cooperative agreement funded under FOA No. 2010-ONC-REC-S.

Scope of Services

Each applicant has already developed a plan for supporting priority setting (including providers at CAHs and Rural Hospitals) primary care providers in their service area to achieve meaningful use of an EHR system as part of their original application. This supplement is designed to provide support to the RECs, to ensure they can provide assistance to CAH and Rural Hospitals in their service area. In their original application, RECs stated that they were planning to work with CAH and Rural Hospitals. However, it was made known that the RECs may not have sufficient resources to carry out this endeavor.

For Group A, each funded REC will plan and implement the outreach, education, and technical assistance programs necessary to meet the objective of assisting CAHs and Rural Hospitals with less than 50 beds in its geographic service area to improve the quality and value of care they furnish by attaining or exceeding meaningful use criteria established by the Secretary of the Department of Health and Human Services (HHS). On-site technical assistance will be a key service. Selected RECs will modify their operating plans that were approved upon initial award to include specific plans for the CAH and Rural Hospital projects and will report their activities through the quarterly reporting process.

Group B will be required to modify their current operating plans, that were revised and approved per the first round of the Supplement Funding Opportunity Announcement and modify their plan to account for the additional funds (\$6,000 per CAH and Rural Hospital) to further meet the objectives of assisting CAHs and Rural Hospitals with less than 50 beds in its geographic service area to improve the quality and value of care they furnish by attaining or exceeding meaningful use criteria established by the Secretary of the Department of Health and Human Services (HHS).

RECs are expected to work with both CAHs and Rural Hospitals who have not yet adopted EHR systems, and those with existing EHR systems, to assist them in achieving meaningful use of certified EHR technology. The milestones for this work will be the same as those identified in the original REC FOA (Funding Opportunity Number: EP-HIT-09-003); funds are for direct assistance only.

Subject to the limitations of eligible applicants described below in Section III, there are two types of CAHs and Rural Hospital organizations that are eligible for support through this application: (1) acute care hospitals (as defined in the SSA Section 1886(d)) with 50 or fewer beds located in a rural area and (2) a critical access hospital as defined in the SSA Section 1820(c) of the Social Security Act.

Statutory Authority

The statutory authority for supplements under this Funding Opportunity Announcement (FOA) is contained in Section 3012 of the Public Health Service Act (PHSA) as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L 111-5) (Recovery Act), and Division A of the same Act.

Award Information

Summary of Funding

Type of Award	Supplemental award
Total Amount of Funding Available	\$ 12,228,000
Award Floor and Ceiling for Group A Applicants:	\$18,000 per eligible CAH/ Rural Hospital
Award Floor and Ceiling for Group B Applicants:	\$ 6,000 per previously funded CAH/ Rural Hospital
Approximate Number of Awards	48
Project Period Length	4
Anticipated Start Date	February 12 th , 2011

Funding Description

This supplement will be available to recipients of the REC awards and is intended to ensure the provision of services to CAHs and Rural Hospitals in the REC's service area. This award will be supplemental to the REC's existing award, and the plans, metrics and reporting requirements will be included in the REC's cooperative agreement. It is anticipated that each REC will need a total of \$18,000 per CAH and Rural Hospital that it supports through this program, beyond the funding awarded in the base REC grant. RECs in Group A will be awarded \$18,000/eligible CAH and Rural Hospital approved for funding. RECs in Group B will be awarded \$6,000/previously approved CAH and Rural Hospital to bring the total amount of CAH/Rural Hospital supplemental funding from \$12,000/hospital to \$18,000/hospital. The supplemental funds will be used to ensure the delivery of the support services for CAH and Rural Hospitals and will be tied to the same milestones that are identified in the original REC FOA (EP-HIT-09-003). As with other funding milestones identified in the original FOA, recipients will be required to use the customer relationship management tool to help in meeting the milestones associated with this project.

Biennial Evaluation

The evaluation of the CAH/Rural Hospital program will be included in the REC's biennial evaluation. A separate report (or report section) will be required for those activities covered by supplemental funding. Per the HITECH Act, after the first two years of the project, ONC may not fund years 3 and 4 for RECs who do not have an overall positive biennial evaluation, "and a

finding by the Secretary that continuation of federal funding was in the best interest of provision of health information technology services.”

Eligibility Information

Eligible Applicants

Eligible applicants are limited to recipients of a Regional Extension Center (REC) cooperative agreement. As explained in Section I above, CAHs and Rural Hospitals are vital components of the rural health care system in the United States. In recognition of their vital roles, the purpose of this supplemental funding is to ensure the provision of services to CAH and Rural Hospitals by the RECs that will be funded under FOA No. EP-HIT-09-003. Accordingly, this competition is limited to those organizations that have been selected to receive an REC cooperative agreement under FOA No. EP-HIT-09-003. Funds can only be used to expand upon the work already being conducted under EP-HIT-09-003 in order to assist CAH and Rural Hospitals that the REC intended to serve in their original application. RECs which have already been awarded a CAH and Rural Hospital Supplement Award will be eligible to receive an additional \$6,000 per awarded hospital; RECs who are applying for a new CAH or Rural Hospital award will be eligible to receive \$18,000 per eligible hospital. ONC will only award funding for those hospitals on the approved list of eligible hospitals. The list can be found in Attachment A for Group A and Attachment B for Group B. If an applicant includes a hospital that is not on the ONC provided list of eligible hospitals, that particular hospital will not be approved for funding.

Cost-Sharing

The cost share requirements for the expansion supplements are as follows:

YEAR	FEDERAL AMOUNT OF COSTS	RECIPIENT AMOUNT OF COSTS
1	90 percent	10 percent
2	90 percent	10 percent
3	90 percent	10 percent
4	90 percent	10 percent

It is expected that RECs will generate resources to support cost sharing in ways that demonstrate hospital and community commitment to the project and its goals of supporting adoption and meaningful use of health IT. Such sources of funding to support the project’s cost share obligation under the cooperative agreement could include per-provider participation fees. This statement does not preclude recipients using other legal sources of cost sharing contributions as governed by 45 CFR Part 74. All of the funds for this supplement should be spent during the base award’s first budget period including the cost sharing requirement described above.

Fees and other funds generated by the project are considered program income under 45 CFR Part 74. Program income generated by the recipient shall be retained by the recipient and first used to finance the non-federal share of the project. To support sustainability, ONC places no limits on the accrual of program income. After the federal cost sharing requirement is met, program income generated shall be added to funds committed to the project by the federal government and used to further eligible project or

program objectives. In other words, all funds generated using federal funds, including fees for services, will be used to meet the cost sharing requirement of the program. All funds generated after that requirement is met can be retained by the recipient and used for the same purposes for which the project was funded.

3. Other

Proposed costs that exceed the maximum amount of \$18,000 per CAH and Rural Hospital for new applicants (Group A) under the supplement FOA will not be approved for funding above the \$18,000/hospital amount. Proposed costs that exceed the maximum amount of \$6,000 per CAH and Rural Hospital for RECs which have already received supplemental funding (Group B) will not be approved for funding above the \$6,000/hospital amount. Awarding Group B applicants \$6,000/hospital will bring their funding level in line with the funding level for Group A applicants.

Application Submission Information

Address to Request Application Package

Application materials will be available for download at the [Grants website](#). Please note that ONC requires electronic submission of applications through the [Grants website](#). For assistance with the [Grants website](#), please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time. At the [Grants website](#), applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Applications submitted via the [Grants website](#) :

- You may access the electronic application for this program on the [Grants website](#). You must search the downloadable application page by the Funding Opportunity Number (2010-ONC-REC-S-01) or Catalogue for Federal Domestic Assistance (CFDA) number (93.718).
- At the [Grants website](#), you will find information about submitting an application electronically through the site, including the hours of operation. ONC strongly recommends that you do not wait until the application due date to begin the application process through the [Grants website](#).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at the [Grants website](#) (click on “Vista and Microsoft Office 2007 Compatibility Information”).
- Your application must comply with any page limitation requirements described in this Program Announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from the [Grants website](#) that contains a grants.gov tracking number. ONC will retrieve your application form from grants.gov.
- After ONC retrieves your application form from grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.

APPLICATIONS CANNOT BE ACCEPTED THROUGH ANY EMAIL ADDRESS. APPLICATIONS CANNOT BE ACCEPTED THROUGH ANYWEB SITE OTHER THAN THE [GRANTS WEBSITE](#) . APPLICATIONS CANNOT BE RECEIVED VIA PAPER MAIL, COURIER, OR DELIVERY SERVICE.

Content and Form of Application Submissions

All applicants will be required to submit electronically a full application by January 12th 2011. All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. A DUNS number can be obtained at no cost by going to the [DUNS website](#). Additional information is available through the [DUNS guide](#).

Please note that the DUNS number must be supplied by the applicant on the SF-424 as part of the application.

The application will include a narrative on their approach to using funds to expand how they serve the CAHs and Rural Hospitals and a list of CAHs and Rural Hospitals that it will be serving in their territory. Applicants are encouraged to partner with relevant associations and other organizations that have in-depth knowledge of CAHs and Rural Hospital health information technology needs.

Project narratives should be no more than 5 pages in length. Applicants are encouraged to refer to their regional extension center application, where appropriate, to help them describe the services they will provide with supplemental funding. The applicant should describe the services they will provide to assist the CAHs and Rural hospitals in their area to achieve meaningful use by 2012.

In addition to the narrative, the applicant should provide an additional document that lists the CAH and Rural Hospitals that it will be serving through this application, the address of its primary location, the estimated total number of primary care providers that it employs, and the estimated total number of non-primary care providers that it employs. Applicants must select the CAH and Rural Hospitals they are planning on serving from the list of CAH and Rural Hospitals attached to the FOA (Attachment A). The applicant should note whether any of these primary care providers were not included in the applicant's original REC application as providers that would receive support through the REC.

Funded applicants will be required to verify the number of providers at each CAH and Rural Hospital when they obtain participation agreements. They must also comply with the other rules related to milestones, which are identified in the original funding opportunity announcement (EP-HIT-09-003) in order to access the funding. Requested funding must be based on the formula indicated in the Key Dates and Submission Information section [# of hospitals x \$18,000/hospital for new applicants (Group A); # of hospitals x \$6,000/hospital for previously awarded applicants (Group B)]. The amounts of \$18,000/\$6,000 per hospital are an all inclusive amount—it covers all allowable direct and indirect costs. Applicants may not request more or less than that amount per new/previously awarded hospital. Applicants can use the attached spreadsheet (Attachment B), to document their funding request. Budget information must be submitted on an SF424A Budget Information form. Letters of Support from relevant organizations may also be included, but are not required.

Submission Dates and Times

Applications must be submitted via [Grants website](#) no later than 11:59 p.m. EST on January 12th, 2011.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration.

Funding restrictions

Other Submission Requirements

- a. All applicants should also register in the Central Contractor Registry (CCR). Organizations seeking to apply for Federal grants through the [Grants website](#) will need to renew their registration with the Central Contractor Registry (CCR) on an annual basis. You can register with the [CCR online](#) and it will take about 30 minutes. You should allow a minimum of five days after registration for the CCR registration process to be final. Unless your entity is exempt from the CCR requirement under 2 CFR 25.110, it is incumbent upon you, as the recipient, to maintain the accuracy/currency of your information in the CCR until the end of the project. Additionally, you are required to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

Application Review Information

Criteria

Selection factors will ensure that this is consistent with the work proposed in the original FOA No. EP-HIT-09-003. The independent review will evaluate the following criteria:

- The applicant must have been selected to receive a REC cooperative agreement.
- Relevance of the proposed activities to the approved project, and determination that the proposed activities are within the existing objectively reviewed and approved scope of the project.
- Number of existing CAH/Rural hospital providers that will receive support to achieve meaningful use
- Selected CAH and Rural Hospitals are on the list in Attachment A
- Appropriate and well-described plan to accomplish the goals within the timeframe proposed.

Funding request based on formula described in the Key Dates and Submission Information section [# of hospitals x \$18,000/hospital (Group A) or # of hospitals approved on September 10, 2010 x \$6,000/hospital(Group B)].

Review and selection process

Applications received by RECs in Group A will go through an objective review process similar to the objective review process conducted for the recipients of the first round of CAH supplement funding. Applications received by RECs in Group B will be reviewed administratively by ONC program and grants management staff with expertise relevant to the supplement request. Applicants will be notified regarding the review outcome.

Award Administration Information

Award Notices

- Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the Office of the National Coordinator for Health Information Technology signed by the Grants Management Officer. Unsuccessful applicants are notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail

Administrative and National Policy Requirements:

- The terms and conditions of the initial REC award will apply to any supplemental funds that are awarded to the applicant.

HHS Grants Policy Statement:

- The terms and conditions of the initial REC award will apply to any supplemental funds that are awarded to the applicant.

Record Retention:

- The terms and conditions of the initial REC award will apply to any supplemental funds that are awarded to the applicant.

Reporting

- The terms and conditions of the initial REC award will apply to any supplemental funds that are awarded to the applicant.

Cooperative Agreement Terms and Conditions of Award:

- The terms and conditions of the initial REC award will apply to any supplemental funds that are awarded to the applicant.

American Recovery and Reinvestment Act of 2009

HHS Standard Terms and Conditions

HHS award recipients must comply with all terms and conditions outlined in their award, including policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (THE RECOVERY ACT) requirements below. In addition to the standard terms and conditions of award, recipients receiving funds under Division A of THE RECOVERY ACT must abide by the terms and conditions set out below. The terms and conditions below concerning civil rights obligations and disclosure of fraud and misconduct are reminders rather than new requirements, but the other requirements are new and are specifically imposed for awards funded under THE RECOVERY ACT. Recipients are responsible for contacting their HHS grant/program managers/project officers for any needed clarifications.

Awards issued under this Funding Opportunity Announcement are also subject to the requirements set forth in Section 3012 of the PHSA, as added THE RECOVERY ACT.

Preference for Quick Start Activities

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of THE RECOVERY ACT. Recipients shall also use funds in a manner that maximizes job creation and economic benefit. (THE RECOVERY ACT Sec. 1602)

Limit on Funds

None of the funds appropriated or otherwise made available in THE RECOVERY ACT may be used by any state or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (THE RECOVERY ACT Sec. 1604)

THE RECOVERY ACT: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new recipients should be considered one-time funding.

Civil Rights Obligations

In conducting activities under any cooperative agreement executed as recipients have civil rights obligations under federal law, as referenced in the HHS Grants Policy Statement. Recipients and sub-recipients of THE RECOVERY ACT funds or other federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or <http://www.hhs.gov/oct/civilrights/>.

Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under THE RECOVERY ACT shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>.

Responsibilities for Informing Sub-recipients

Recipients agree to separately identify each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the federal award number, any special CFDA number assigned for THE RECOVERY ACT purposes, and amount of THE RECOVERY ACT funds.

THE RECOVERY ACT Transactions listed in Schedule of Expenditures of Federal Awards and Recipient Responsibilities for Informing Sub-recipients

- (a) To maximize the transparency and accountability of funds authorized under THE RECOVERY ACT as required by Congress and in accordance with 45 CFR 74.21 and 92.20 "Uniform Administrative Requirements for Grants and Agreements", as applicable, and OMB A-102 Common Rules provisions, recipients agree to maintain records that identify adequately the source and application of THE RECOVERY ACT funds.
- (b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for federal awards under THE RECOVERY ACT on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. This shall be accomplished by identifying expenditures for federal awards made under THE RECOVERY ACT separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "THE RECOVERY ACT-" in identifying the name of the federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.
- (c) Recipients agree to separately identify each sub recipient, and document at the time of sub-award and at the time of disbursement of funds, the federal award number, CFDA number, and amount of THE RECOVERY ACT funds. When a recipient awards THE RECOVERY ACT funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental THE RECOVERY ACT funds from regular sub-awards under the existing program.
- (d) Recipients agree to require their sub-recipients to include on their SEFA information to specifically identify THE RECOVERY ACT funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor sub-recipient expenditure of THE RECOVERY ACT funds as well as oversight by the federal awarding agencies, Offices of Inspector General and the Government Accountability Office.

Recipient Reporting

Reporting and Registration Requirements under Section 1512 of THE RECOVERY ACT.

- (a) This award requires the recipient to complete projects or activities which are funded under THE RECOVERY ACT and to report on use of THE RECOVERY ACT funds provided through this award. Information from these reports will be made available to the public.
- (b) The reports are due no later than ten calendar days after each calendar quarter in which the recipient receives the assistance award funded in whole or in part by THE RECOVERY ACT.
- (c) Recipients and their first-tier recipients must maintain current registrations in the Central Contractor Registration (www.ccr.gov) at all times during which they have active federal awards funded with THE RECOVERY ACT funds. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (www.dnb.com) is one of the requirements for registration in the Central Contractor Registration.
- (d) The recipient shall report the information described in section 1512(c) using the reporting instructions and data elements that will be provided online at the [federal reporting website](#) and ensure that any information that is pre-filled is corrected or updated as needed.

(e) Guidance for adhering to THE RECOVERY ACT Reporting Requirements is addressed in an [OMB Memorandum](#) issued June 22, 2009: Applicants are required to adhere to all of these reporting requirements, as well as future requirements as issued by OMB. The current Office of Management and Budget (OMB) guidance regarding THE RECOVERY ACT reporting is available at http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf.

Reporting

Until such time as HHS has migrated to the SF 425 FFR, award recipients will utilize the SF 269 FSR. All reporting requirements will be provided to applicants of successful full applications, adherence to which is a required condition of any award. In general, the successful applicant under this guidance must comply with the following reporting and review activities.

For purposes of Section 1512 of the Recovery Act, recipients will be required to combine these supplemental awards with their original base Regional Extension Center award. Award amount will then include the base award as well as this supplement. Jobs should be reported for all positions paid for with funds from the base award or any supplement.

For more information about the process for submitting a Section 1512 recipient report, please visit www.federalreporting.gov.

Audit Requirements

The recipient shall comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at the <http://Circulars website>.

Financial Status Reports

The recipient shall submit an annual Financial Status Report. Failure to submit these timely could affect future funding.

Progress Reports

Progress Reports will be evaluated by ONC and are required to be submitted semi-annually. More specific information on this reporting requirement will be included in the Notice of Grant Award

THE RECOVERY ACT-Specific Reporting

Quarterly Financial and Programmatic Reporting: Consistent with THE RECOVERY ACT emphasis on accountability and transparency, reporting requirements under THE RECOVERY ACT programs will differ from and expand upon HHS's standard reporting requirements for grants. In particular, section 1512(c) of THE RECOVERY ACT sets out detailed requirements for quarterly reports that must be submitted within 10 days of the end of each calendar quarter. Receipt of funds will be contingent on meeting THE RECOVERY ACT reporting requirements.

The information from recipient reports will be posted on a public website. To the extent that funds are available to pay a recipient's administrative expenses, those funds may be used to assist the recipient in meeting the time-frame and extensive reporting requirements of THE RECOVERY ACT.

ONC may post information on the public website that identifies recipients that are delinquent in their reporting requirements. Additionally, recipients who do not submit required reports two or

more consecutive quarters by the due date may be restricted from drawing down funds thereafter, during the period of their delinquency, and may be subject to other appropriate actions by ONC, including but not limited to, restrictions on eligibility for future ONC awards and suspension or termination of Recovery Act Award.

Additional instructions and guidance regarding required reporting will be provided as they become available. For planning purposes, however, all applicants shall be aware that THE RECOVERY ACT section 1512(c) provides as follows:

Recipient Reports: Not later than 10 days after the end of each calendar quarter, each recipient that received recovery funds from a federal agency shall submit a report to that agency that contains—

- (1) the total amount of recovery funds received from that agency;
- (2) the amount of recovery funds received that were expended or obligated to projects or activities; and
- (3) a detailed list of all projects or activities for which recovery funds were expended or obligated, including--
 - (A) the name of the project or activity;
 - (B) a description of the project or activity;
 - (C) an evaluation of the completion status of the project or activity;
 - (D) an estimate of the number of jobs created and the number of jobs retained by the project or activity; and
 - (E) for infrastructure investments made by state and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made under this Act, and name of the person to contact at the agency if there are concerns with the infrastructure investment.
- (4) Detailed information on any subcontracts or sub grants awarded by the recipient to include the data elements required to comply with the federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget. OMB guidance for implementing and reporting THE RECOVERY ACT activities can be found at [recovery act website](#).

To assist in fulfilling the accountability objectives of THE RECOVERY ACT, as well as the Department's responsibilities under the Government Performance and Results Act of 1993 (GPRA), Public Law 103-62, applicants who receive funding under this program must provide data that measure the results of their work. Performance measures include the number of jobs saved and jobs created due to THE RECOVERY ACT Funding. Additionally, applicants must discuss their data collection methods in the application.

Agency Contacts

Program Contact:

Health Information Technology Extension Program Implementation Team

Office of the National Coordinator for Health Information Technology

Email: regional-center-applications@hhs.gov

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of Federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

- (i) the communication is purely logistical;
- (ii) the communication is made at a widely attended gathering;
- (iii) the communication is to or from a Federal agency official and another Federal Government employee;
- (iv) the communication is to or from a Federal agency official and an elected chief executive of a state, local or tribal government, or to or from a Federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or
- (v) the communication is initiated by the Federal agency official.

For additional information see http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf .