



Technical Assistance Call for: Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Funding Opportunity Announcement (FOA) and Grant Application Instructions

October 15, 1009

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

NEW CALL IN NUMBER: 888-690-8779

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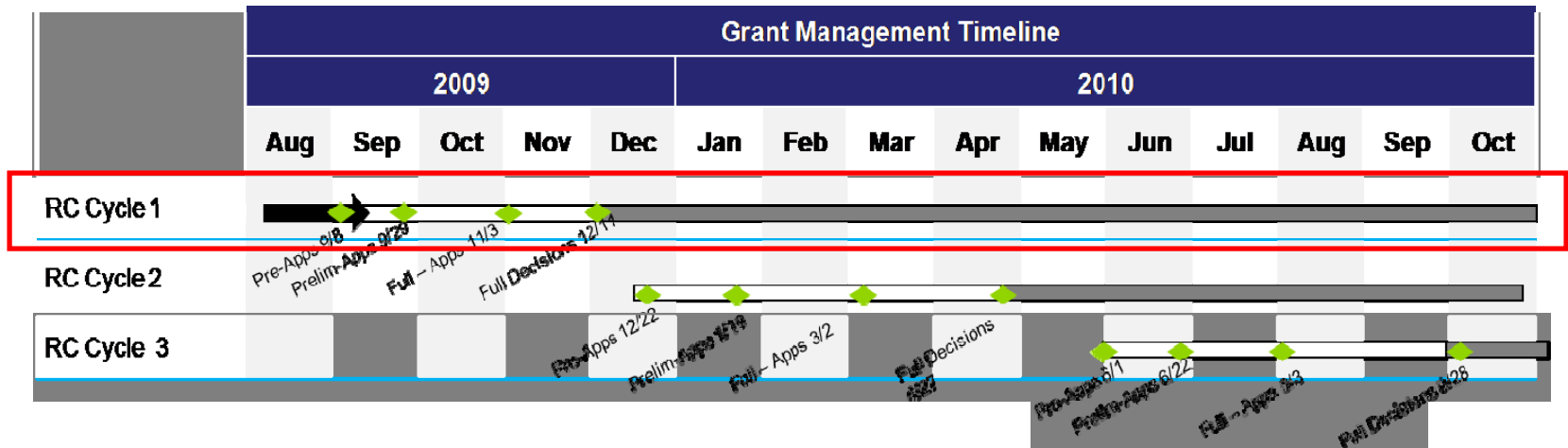
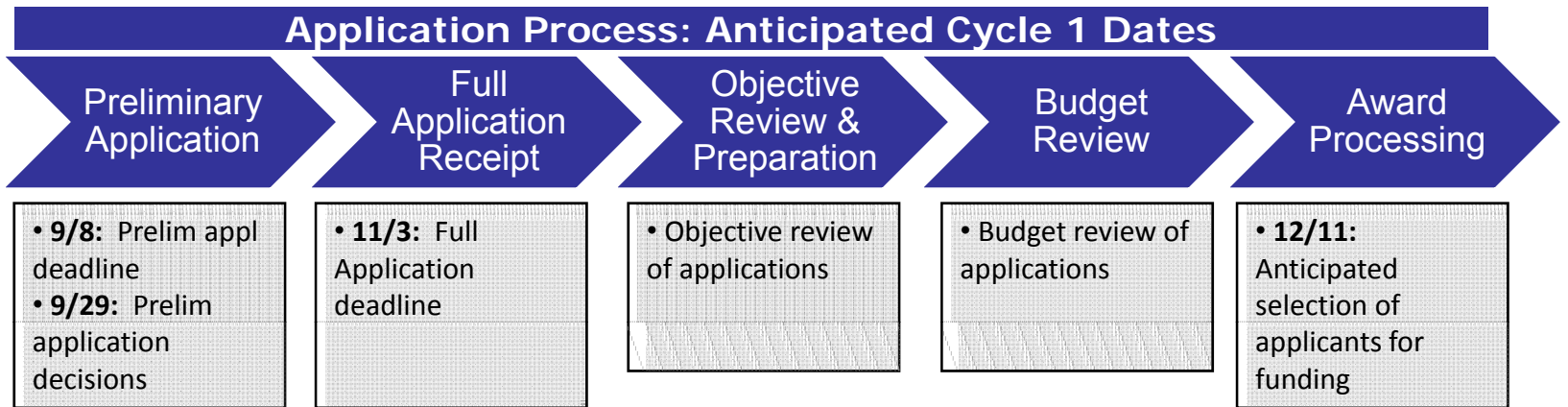
At any time during the presentation, please submit questions electronically. These questions will be answered on the call or in FAQs that will be posted shortly on the ONC website www.hhs.gov/healthit Additional questions about the FOA can be sent to regional-center-applications@hhs.gov.



About this Call

- The agenda has been developed based on the questions that were received from applicants on or before Friday, October 9, 2009. Time permitting, additional questions that are posed electronically will be addressed.
- The purpose of this call is to provide guidance for completing the full application in response to the Regional Centers FOA, due November 3, 2009.
- A transcript of the call and a copies of these slides will available shortly on the ONC website
- Follow up questions can be emailed to regional-center-applications@hhs.gov

Application and Award Process





Cooperative Agreements

- **Substantial governmental involvement**
- **Establishes partnership between ONC and Regional Centers in order to meet shared goals and objectives**
- **Either party may request to modify or amend the cooperative agreement or work plan**
- **No requirements for the ONC to serve on the advisory committees for the RCs**



Changes to proposed program

- **Service area**
 - Applicants may propose to amend their proposed service area
 - Must **justify** the change in the narrative
 - Must **comply** with all FOA requirements (i.e. proposals for entire states must have letter from Medicaid director; must meet minimum requirements for providers reached)
- **Major Partners and stakeholders**
 - Self-identification may lead to increase in collaboration, including partnership among past and current applicants
 - 11 programs to date have agreed to be identified and information will be on the ONC website shortly
 - If collaboration results in a change to service area or proposal, applicant must comply with all FOA requirements as above



Key Evaluation Criteria

- Criterion 1: Service Area Participation and Collaboration [10 points].
 - Potential for collaboration with other federal agencies and their grantees
- Criterion 2: Proposed Service Offerings [30 points]
 - Number (and percent) of priority primary-care practices and providers reached
 - Strategy for accomplishing scope (boots on the ground)
- Criterion 3: Organizational Mission, Capability, and Experience [20 points]
 - Readiness to provide assistance and scale; prior experience
- Criterion 4: Multi-stakeholder Community and Provider Support [30 points]
 - Existing collaborations; sustainability plan
- Criterion 5: Reasonableness of the Budget [5 points]

***Sub-bullets are illustrative, must demonstrate all sub-categories outlined in FOA**



Counting Providers: Accountability vs. payment

- **Accountability:** Count all unique providers that achieve meaningful use towards total number of providers served
 - In project narrative estimate priority vs. other PCP vs. specialists
- **Payment:** Cap of 10 priority providers per incorporated entity (unique tax ID number). This applies to FQHCs, public and critical access hospitals, large primary care practices and academic medical centers.
 - Site vs. Practice
 - Cap of 10 priority providers applies to each practice. Sites with the same tax ID number will be considered the same practice for a combined total payment cap equivalent to 10 priority providers.
 - Avoid double counting

Provider Definitions

- **Primary care providers:** Licensed doctor of medicine or osteopathy, physician assistant, or nurse practitioner with prescriptive privileges practicing **family practice, obstetrics and gynecology, general internal or pediatric medicine**

- **Priority primary care providers:** primary-care providers as above who practice in any of the following settings:
 - Individual and small group practices (ten or fewer professionals with prescriptive privileges primarily focused on primary care)
 - Public or Critical Access Hospitals
 - Community Health Centers and Rural Health Clinics
 - Other settings that predominately serve uninsured, underinsured, and medically underserved populations.
 - i.e. primary care practitioners who serve in settings such as behavioral health, long term care, free clinics



Commitment Letters

- **Letters of Commitment vs. Letters of Support**
- **Narrative should include summary table of providers that are committing to participate in the program including:**
 - Priority Primary Care providers by type
 - Other Primary Care providers
 - Other Providers (i.e. specialists)
 - Other stakeholders (i.e. health plans, provider associations) by type
- **Attach provider commitment letters with other letters of support**
- **Electronic signatures are acceptable**
- **Applicant is expected to have first wave of providers identified so work can begin immediately upon award**
 - NPI will be needed for payment milestones and should be included in commitment letters if readily available



Budgeting

- **\$30 million maximum grant for any application**
- **Applicants will need to write a budget narrative for the first year of funding that clearly identifies how the core and the direct assistance funds will be used**
- **Core funding**
 - Tied to the development and implementation of an operational work plan that will outline core regional center functions such as outreach, education, program management, local workforce support and participation in national learning consortium/HITRC
 - 50% of the first year core funding will be available to programs at the beginning of the project to help cover start up costs
- **Direct Assistance**
 - Tied to the number of priority primary care providers that are assisted in reaching meaningful use
 1. Providers who are using paper
 2. Providers already using EHRs
 - Guidance is being developed about how to address the payment for providers that sign participation agreements but do not implement an EHR and/or demonstrate meaningful use.



Paper to Meaningful Use Vs. EHR to Meaningful Use

- **Different needs require different services**
 - Paper to Meaningful Use includes adoption costs (vendor selection, workflow redesign, implementation, data migration, training etc)
 - Bringing any provider to Meaningful Use will require additional training, collaboration, and resources.
- **The average federal support for assisting a provider to achieve meaningful use is \$5,000**
- **In budget narrative, please specify the costs associated with the services provided for each category. The total number of priority primary care providers in each category brought to meaningful use should be explicitly stated in the program narrative.**
- **Payment will be made quarterly based on numbers in each category reaching milestones (signed agreements, go-live with ePrescribing and quality reporting, meaningful use)**

Sustainability



- **Ability of Regional Center to maintain its services and continue to operate**
 1. From the end of year two to the remainder of the cooperative agreement period
 - Incorporates shift from 90/10 to 10/90 match
 2. Following the conclusion of the cooperative agreement



Program Income and Matching Funds

- Program Income
 - Dollars generated by fees or charges from the activities supported by the federal funds
 - Can be used as matching funds for the program
- Matching funds
 - Cannot be federal funds from other grants
 - Cannot be matching funds that are used for other federal grants
 - Details about matching funds can be found in 45CFR 74.23



Indirect Rates

- Acceptable, but applicants must provide agreement letters from federal agencies that attest to the rates
- Practices can voluntarily agree to take less than their documented indirect rate



Program Staffing Guidance

- **Regional Center Roles should map to the FOA Scope of Services**
 - Regional Center Accountability
 - Organizational leadership (Executive Director, Director of Operations, Clinical Director)
 - Adoption Support
 - Vendor Selection and Group Purchasing
 - Education and Outreach to Providers
 - Implementation and Project Management
 - Practice and Workflow Redesign
 - Privacy and Security
 - Meaningful Use
 - Clinical Experts to Identify and Mitigate Barriers
 - Functional Interoperability and Health Information Exchange
 - Workforce
 - National Learning Consortium
 - HITRC Collaboration
 - Federal, State, and Local Collaboration
- **HITRC will foster collaboration around these critical areas**



Subcontracting & Vendor Relations

- Subcontracting is permitted
 - No limit to percentage of funding that can be devoted to subcontractors
 - If over 33% of total funds are going to subcontractors, applicants must provide budget narrative for each subcontractor. If the subcontractor is unknown, provide a brief summary of scope of work and estimated costs.
- Vendors must be selected via an open and competitive process as outlined in the FOA.
 - Vendors that are selected in this fashion can provide matching funds to the project as long as this does not constitute a conflict of interest
 - If an applicant has already selected a vendor through a open and competitive process, they may continue to work with that vendor as part of the program if providers are offered a choice of vendors
- Conflict of interest forms should be signed by all vendors, however, if vendors have not been identified then programs can simply state “To be identified” and share updated versions of the form with ONC as appropriate



HITRC Technical Assistance

- Facilitate regular meetings focused on the specific services that Regional Centers will be providing (i.e. Education/Outreach)
- Conduct trainings/develop tools designed to address challenges identified by Regional Centers
- Foster collaboration via face-to-face regional and national meetings
- Enable collaboration between ONC grantees (Workforce, HIE, etc.) to support synergies



HITRC Technology Framework

- **HITRC Infrastructure: a virtual community to support providers, regional centers and ONC staff to communicate and share best practices**
- **ONC Web site**
 - Inform public on HIT adoption best practices for providers
 - Link providers with regional centers in their areas
 - Document success of regional centers' progress towards adoption and meaningful use goals
- **Collaborative Space**
 - Social networking community used to facilitate the exchange of information among regional centers, including tools and best practices
 - Will facilitate meetings and discussions among regional centers about issues related to assisting priority providers to achieve meaningful use
- **Customer Relationship Management (CRM) Tool**
 - ONC will provide every regional center with licenses to use a CRM system, which will be customized to support the project.
 - CRM software will assist regional centers to:
 - Track communications with providers and key stakeholders
 - Manage program documents
 - Assist with project management
 - Generate monthly milestone reports which will be sent to ONC for payment
 - Additional information on the CRM tool will be available in December



Application Specifics

- **Clarifications**
 - CFDA number: 93.718
 - Funding Opportunity Number: EP-HIT-09-003-(010573)
- **Page limit: 30 pages, not 20 pages**
 - This does include the Collaboration Explanation.
 - This does not include the Budget Narrative, Abstract, Sustainability Plan, Letters of Support, Letters of Commitment, or Resumes of Key Personnel
- **Abstract format**
 - Brief summary of the application
 - May single-space, without header so as to enter in Project Abstract Summary form
- **All relevant documents must be uploaded into grants.gov, regardless of whether they were present in preliminary application, by November 3rd**
 - Applications that are emailed to ONC **will not** be accepted
 - Reviewers will not have access to any of the preliminary application materials.
- **Applicants not selected to receive an award in cycle 1 are encouraged to re-apply**
 - Preliminary applications for cycle 2 are due on December 22nd (at least 10 days after the announcement of cycle 1 award decisions.)
 - Subsequent application must stand on its own (resubmit all required documents)



424 Forms

- Applicants will need to complete a single 424, 424b and certification regarding lobbying form
- Applicants will need to complete five separate 424a forms
 - One 424a for each of the four budget years
 - One 424a that combines all four years together
- All Subcontractors and other costs should be contained in the 424a budget
- Applicants must clearly explain any assumptions used to complete the 424a form in the budget narrative



Submitting full application using Grants.gov

THE SIZE LIMIT FOR THE ENTIRE APPLICATION, INCLUDING ALL ATTACHMENTS, IS 250 MB.

To conserve space, use PDFs instead of PowerPoints, pictures, and Visio documents.

- **Must be submitted using Grants.gov before November 3, 2009 Deadline**
- **Applicants will need to have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) Number and register in the Center Contractor Registry (CCR)**
 - It takes a minimum of five days to register in the CCR
- **Grants.gov Contact Center Phone: 1-800-518-4726. Hours of Operation: Monday-Friday, 7:00 a.m. to 9:00 p.m., Eastern Time**
- **Loading documents into Grants.gov**
 - Open the program 'program narrative attachment form' and 'budget narrative attachment form' and there will be two options to upload forms
 - 'Mandatory Docs': for uploading program narrative, budget narrative
 - 'Optional Attachments': for uploading resumes, letters of support and commitment, sustainability plan and other documents

APPENDIX: Additional Questions and Answers



Additional Questions and Answers

Question	Response
<p>Name of Federal Agency: "Office of Public Health and Science" is pre-filled on the Grants.gov application form (Application for Federal Assistance SF-424) and cannot be deleted. Whereas "US Assistant Secretary for Preparedness and Response" is on the Attachment C (page 53-54) of Funding Opportunity Announcement and Grant Application Instructions</p>	<p>ONC has realized this discrepancy exists and this will not impact the review of the applications.</p>
<p>Do the Sustainability Plan and the Collaboration Explanation go under 'Optional Documents' when submitting online since there is no pre-developed form?</p>	<p>Please see Submitting full applicants using Grants.gov slide.</p>
<p>Is there a specific order in which the forms need to be placed when submitting online?</p>	<p>No, but the ONC would advise you to try and order them according to how they are presented in the FOA.</p>
<p>Are the preliminary applications from this first round made public record?</p>	<p>Federal grant rules prevent us from sharing application information before funding decisions are made.</p>
<p>We are representing a consortium of organizations in our application. Is past performance information for all organizations included in the overall page count, and under which section should it be listed?</p>	<p>Yes</p>
<p>Does the Government plan to release a new application package before the submission date?</p>	<p>No</p>
<p>Does the Government plan to release a new application package before the submission date?</p>	<p>No</p>



Additional Questions and Answers

<p>Because the Project Abstract Summary is a pdf form, it is very difficult to make the document conform to the requirements for double spacing, one-inch margins, and 12 point font. Is it correct that the Project Abstract should be entered into the Project Abstract Summary form, not attached as a separate file? If this is correct, is it necessary to follow the guidelines for double spacing, one-inch margins, and 12 point font as long as the document is no more than 500 words?</p>	<p>The abstract is intended to be a brief summary of the application. It is not counted toward the page limit. Due to formatting difficulties that applicants are experiencing, please disregard the header and double-spacing guidelines. Applicants should instead single-space their abstract and are no longer required to provide a header. In that case, applicants should enter it into the Project Abstract Summary form, not attach it as a separate PDF file.</p>
<p>Program narrative: should we follow the outline presented in the review criteria (RFA pages 28-30) or the outline on RFA pages 21-24?</p>	<p>Please follow the program narrative requirements outlined under 'Full Application Content Requirements'</p>
<p>P. 21 of the Full Application Content Requirements - Are the lists of providers that have sent in letters of commitment included in the project narrative with its 30 page limit? We have done our best to recruit providers at this early stage and the list of providers is extensive.</p>	<p>Please see Commitment Letter slide.</p>
<p>Preliminary and Full Application Submission Information; Full Application Content Requirements, Section i – Coordination and Continual Improvement (p. 23 of the grant): What are the number of “regional and national network meetings” that are envisioned for the Regional Center? How many days, and how many representatives from the Regional Center are expected?</p>	<p>Specific information on this is being developed. Key program staff will need to attend a 2 to 3 day kick off meeting in Washington DC. There will be one regional and one national meeting, which research center staff will have to attend.</p>



Additional Questions and Answers

<p>Please provide clarification regarding expectations for travel to national and regional meetings.</p>	<p>Specific information on this is being developed. Key program staff will need to attend a 2 to 3 day kick off meeting in Washington DC. There will be one regional and one national meeting, which research center staff will have to attend.</p>
<p>Do graphics and tables in the project narrative have to conform to the formatting restrictions in the text of the document? Can single spacing be used in tables and graphics? Can text in tables and graphics be of a lower font size than 12 point?</p>	<p>Graphics and tables do not need to conform to formatting rules, however, they do count towards page limits.</p>
<p>The REC will provide for dissemination of knowledge [and activities] about effective strategies and practices to select, implement, and meaningfully use certified EHR." Will the REC be responsible for developing the "knowledge" component or solely responsible for the dissemination of the "knowledge"?</p>	<p>Regional Centers will form a collaborative learning network (consortium) that is facilitated by the Health Information Technology Resource Center (HITRC). Lessons learned by all Regional Centers about effective practices in provider implementation and use of EHRs, and in supporting priority, primary-care providers, will be shared through the HITRC across Regional Centers and with the public.</p>
<p>Can a REC be a value-added reseller (VAR) of EHR software? Is there a potential conflict of interest if other options are provided? What if we become a VAR of more than one type of software?</p>	<p>Yes but regional centers must follow the rules outline in section 1.2. Scope of services in the FOA.</p>



Additional Questions and Answers

<p>Do applicants need to have 501c3 status or can it be a non-profit as defined on p51 of the guidance? According to the grant synopsis on grants.gov, it says eligible entities include: "Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education". Our project has a certified copy of our certificate of incorporation establishing non-profit status, but it will be at least a few more months until we receive our 501c3 letter from the IRS.</p>	<p>A certificate of non-profit status is sufficient but the applicant will need to provide the IRS letter when it is available.</p>
<p>Will each state get at least one grant?</p>	<p>The goal is that at least one award will be made within each HHS/CMS region, but it is anticipated that the estimated 70 total awards made over the course of 2010 will be reasonably distributed across the ten regions, with multiple centers established within each region. There are no requirements about the number of regional centers in any state.</p>
<p>Our model supports a statewide oversight structure with regional/local service delivery. In that case, could we have overlapping geographic areas with other applicants?</p>	<p>Regional centers must have their own services areas that do not overlap.</p>
<p>What does ONC see as the role of the state?</p>	<p>ONC has released a separate FOA for the State Health Information Exchange Cooperative Agreement program, which outlines the role of a state.</p>



Additional Questions and Answers

<p>This is in regards to providing direct technical assistance, and the number of individuals incorporated into the practices that would receive services, specifically for group purchasing and EHR implementation assistance. The program allows for the recruitment of PCPs that already have an EHR system implemented. If recruitment overall is 20% of the targeted area, but 25% of the PCPs recruited already have an EHR, does the Regional Extension Center still need to meet specifically the 20% minimum for the group purchasing and EHR implementation assistance? The practices already an EHR and would not need the software/system purchasing, but would need the Onsite Practice Workflow and other technical assistance. Does that mean that a REC must recruit only or must achieve 20% (or minimum of 1000) PCPs that do not have an EHR system?</p>	<p>The goal of the regional center is to assist providers to achieve meaningful use. Please see Evaluation slide and Priority Primary Care Providers: Accountability vs. Payment slides for additional information.</p>
<p>Ramp-up Time for Developing Services: We anticipate a 6 month ramp-up time to develop and pilot of our service model. Will this meet the expectation of the ONC.</p>	<p>Funded applicants are expected to begin work immediately.</p>
<p>If nurse practitioners and physician assistants are not eligible for incentives, will we still be paid for working with them if we decide we can not charge them?</p>	<p>Nurse practitioners and physician assistants are included in the description of priority -care providers for this funding opportunity. Please see Priority Primary Care Providers: Accountability vs. payment slide for information about how to treat other primary care providers.</p>



Additional Questions and Answers

<p>Page 11 of the FOA states that the Core funding will be released quarterly based on milestones; however, the specific milestones for the core support are not called out. Please clarify the associated milestones. Further, how will the milestones be assessed relative to payments received (based on a percentage of total funding)? What mechanisms are in place to account for varying degrees in milestone completion?</p>	<p>As part of the cooperative agreement, programs and ONC will create a operational plan which will be tied to the milestones. See Milestones slide for additional information.</p>
<p>What type of financial reporting and to what level of detail will the ONC be establishing for REC organizations? Is there a preferred format to follow for reporting cost burden, revenue, etc.?</p>	<p>Section VI outlines the recipient reporting requirements.</p>
<p>Page 35 of the Grant Application Instructions (Section h) Recipient Reporting) indicates that "The reports are due no later than ten calendar days after the end of each calendar quarter in which the recipient receives the award funded in whole or in part by ARRA". Page 36 of the Grant Application Instructions (Section d) ARRA-Specific Reporting) indicates that Recipient Reports includes "the amount of recovery funds received that were expended or obligated to projects or activities". Would it be possible to negotiate a longer timeframe as it normally takes 15-17 calendar days for us to close our books each month?</p>	<p>These deadlines have been set by OMB, HHS does not have the ability to modify or extend these deadlines.</p>
<p>Award Administration Information, Subsection 1 (page 32 of the grant): Will the Regional Center receive a copy of its own written biennial evaluation? Will these evaluations be made available to the public?</p>	<p>Policy on this is under development; however, performance milestones will be rolled-up and made available on an ongoing basis.</p>



Additional Questions and Answers

<p>Please provide detail for Section IV, 3, h Evaluation. There does not appear to be guidance on the evaluation.</p>	<p>Further details will be provided in forthcoming program guidance.</p>
<p>the Application instructions say the award will be made for a four-year, two separate two-year budget periods. Does this mean the budget should be separated into 2 parts: part 1 is the initial two years for Core funding, and part 2 for the following two years for DAS funding? In addition, p. 14 of the Funding Opportunity Announcement and Grant Application Instructions says “federal support in years 3 and 4 is expected to be limited to core activities”, whereas p. 27 says “Allocate sufficient funding specifically for core activities... for each year of the initial two- ear bud_et eriod.” Should years 3-4 have core funding?</p>	<p>Please see 424 slide.</p>
<p>Will the Government provide separate Sub recipient Budget forms that can be completed by our consortium members?</p>	<p>Sub recipients will complete the same forms used by all applicants - SF-424.</p>
<p>What national travel requirements are expected of the core team to participate in ONC related collaborations (we assume such travel would be separate from within state travel to serve our practitioners)?</p>	<p>ONC is planning to have one initial training for key staff in Washington DC. It will also have annual regional and national meetings.</p>



Additional Questions and Answers

<p>Page 23 of the Grant Application Instructions (Section j) Organizational Capability Statement) requests our "2009 Annual Budget and Sources of Income". Will the total budgeted expenses for 2009 and a Recap of Income by Client Type meet your needs or do you need a full projected statement of income and expense?</p>	<p>Applicants should provide the information that they think is relevant. Please see evaluation slide for more information.</p>
<p>What are the restrictions (if any) regarding the purchase of hardware and software for the RHITEC? For providers?</p>	<p>Assistance furnished to providers under this program is defined as education, outreach, and technical assistance, to help providers in its geographic service area select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Funding support for costs incurred by providers in obtaining and implementing health information technology is addressed by other provisions of the Recovery Act.</p>
<p>In years 3 and 4 of the application is the 10% federal match intended to cover only the core activities or should the estimated budget assume that these dollars will be spread across both core activities and individual provider support?</p>	<p>Yes. Please see Core vs. Direct Assistance slide</p>
<p>Is it ONC's expectation that in addition to the provider's commitment of costs in purchasing the EHR and providing staff resources for the implementation, that letters of commitment also include a monetary fee for the HITREC's technical assistance services? If so, is there a minimum amount required</p>	<p>Providers will not need to fund the HITRC.</p>



Additional Questions and Answers

<p>Which year's definition of meaningful use must a provider/practice meet for the REC to receive the last milestone payment? 2011?</p>	<p>2011 Please see Milestones slide for additional information.</p>
<p>Section II. Vendor Selection and Group Purchasing (pages 8 and 9 of the grant): If the Regional Center identifies a performance issue with a certified EHR vendor that is persistent and unresolved; should the Regional Center inform the ONC, other Regional Centers, or some other organization(s) regarding this issue?</p>	<p>Yes. As part of the HITRC, ONC will create a forum to discuss these type of issues.</p>
<p>8. Under the organizational capacity statement for the full proposal it requests previous experience. Can this include experience from partner organizations or just the primary organization submitting the application?</p>	<p>Past experience from partner organizations may be included if there is clear indication that those organizations will be partnering with Regional Centers to provide the services described in the Scope of Services (Section I C)</p>
<p>Please provide clarification regarding expectations for round 1 recipients to support round 2 or 3 recipients in terms of regional learning consortiums.</p>	<p>Throu_h the HITRC C cle 1 a licants will be required to assist in the creation of a virtual community to share best practices about EHR adoption. This information will assist cycle 2 and 3 applicants as they begin their work.</p>



Additional Questions and Answers

<p>Page 9 of the FOA, the Vendor Selection & Group Purchasing section states that Regional Centers that choose to offer group purchasing of EHR software, IT support service, and/or hardware must provide a choice of offerings. Is there a limit to the choice of vendor offerings?</p>	<p>There must be a choice and the process needs to be open and competitive.</p>
<p>What is ONC's vision for Regional Centers leveraging and undertaking activities that are in synergy with the expertise, capability, and activities of practice networks supported by HHS and other federal agencies (e.g., the VA)? Please provide specific examples of what is meant by "leveraging" and "undertaking activities".</p>	<p>ONC expects regional centers to partner with federal agencies and other programs that receive ONC funding to offer comprehensive services to the providers in their service area. For instance, working with the state health information exchange ONC grantee, will provide regional centers with expertise about health information exchange that will be needed if a providers is to achieve meaningful use of an EHR.</p>
<p>Can REC funds be used to cover the costs associated with creating interfaces to enable physicians who have already implemented an EHR become "meaningful users."? The specific example is, can REC funds be used to cover the costs of developing an interface so that EPIC's EHR and the I2i disease registry can effectively interface so that the provider can participate in reporting on quality measures?</p>	<p>Yes supporting functional interoperability is a service that should be provided by a regional center.</p>
<p>ONC has the option of "opting out" of the agreement after 2 years—will a REC have the same reciprocal option?</p>	<p>The award is a cooperative agreement. More information about this type of award can be found at http://www.hhs.gov/ranetsnet/docs/HSGPS_107.doc</p>



Additional Questions and Answers

<p>In the application packet a form is included for budget information-non-construction programs (424). Are applicants required to complete lines 1-5 of this form? If so where are the instructions for this part that would indicate what should be included in boxes a-g for each line?</p>	<p>Yes, applicants are required to complete this form. Please see 424 slide for more information.</p>
<p>Also, who must submit and sign the Lobbying and Conflict of Interest forms? Just the prime org or each member? If this is applicable to each consortium member, will the Government release an updated COI form different from the one included in the preliminary application?</p>	<p>All applicants are required to sign this form (whether prime or sub).</p>
<p>In the application package, on which standard form should the Lobbying and COI information be included?</p>	<p>The lobbying activities can be disclosed using SF-LLL and there is a Conflict of Interest Certification in the Appendix of the FOA.</p>
<p>Please clarify whether the Program Income that is to be reflected on line 7 of Standard Form 424A represents the total program income expected to be generated or just the amount that is expected to exceed the non-federal share required under this project (10% in the first two years and 90% in the second two years).</p>	<p>The program income should reflect the 90/10% split of Federal /non-Fed funds. Please see program income and matching funds slide for additional information.</p>



Additional Questions and Answers

<p>Should continuous quality improvement and/or corrective action plan activities be included?</p>	<p>In the Funding Opportunity Announcement, the section on Full Application Content Requirements (under Project Narrative, Organizational Capability Statement) asks applicants to provide a description of previous experience with workflow redesign and clinical quality improvement (number of practices, practice sites, and professional providers served).</p>
<p>Regarding the directions for the "Project Abstract," we find that 500 words, as formatted per the instructions, is well more than one page. Which is the length you are looking for: 500 words or one page?</p>	<p>The abstract is intended to be a brief summary of the application. It is not counted toward the page limit. Due to formatting difficulties that applicants are experiencing, please disregard the header and double-spacing guidelines. Applicants should instead single-space their abstract and are no longer required to provide a header." In that case, applicants should enter it into the Project Abstract Summary form, not attach it as a separate PDF file.</p>
<p>Is there a template for the provider technical assistance contracts?</p>	<p>No. Templates will be developed in the future as part of HITRC activities.</p>