

Applicants should note that HRSA is accepting grant applications online in the last quarter of the Fiscal Year (July through September). Please refer to the HRSA grants schedule at <http://www.hrsa.gov/grants.htm> for more information.

How To Request and Where To Send an Application: To obtain a complete application kit, (i.e., application instructions, necessary forms, and application review criteria), call toll free 1-877-HRSA-123 (1-877-477-2123). When contacting the HRSA Grants Application Center (GAC) please refer to the program announcement number HRSA-03-040 and the name of this program. An original and two copies of the applications must be submitted to the HRSA GAC: HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, Maryland 20879, Fax: 1-877-HRSA-345 (1-877-477-2345), e-mail: hrsagac@hrsa.gov.

Applicants will receive a letter acknowledging receipt of their applications.

Eligible Applicants: The following entities are eligible to apply for funding under this announcement:

1. A health center that has received section 330(e) funding for 2 consecutive years is eligible to apply for funding for the planning and development of a managed care network and plan under the ISDI program.

2. Health centers (Community Health Center, Migrant Health Center, Health Care for the Homeless, Public Housing Primary Care and School-Based Health Centers) that receive assistance under section 330 are eligible to apply for funding for the planning and development of a practice management network under the ISDI project.

3. Health centers (Community Health Center, Migrant Health Center, Health Care for the Homeless, Public Housing Primary Care and School-Based Health Centers) that receive assistance under section 330 or Primary Care Associations receiving support under section 330(m) that are applying on behalf of health centers in a State or marketplace are eligible to apply for funding for an integrated management information system.

4. A health center (Community Health Center, Migrant Health Center, Health Care for the Homeless, Public Housing Primary Care and School-Based Health Centers) that has received assistance under section 330 or a Primary Care Association receiving support under section 330(m) that is applying on behalf of health centers in a State or marketplace is eligible to apply for funding for an integrated information

and communication technology development project.

Matching or Cost Sharing Requirement: Grantees must provide at least 20 percent (for planning grants) or 40 percent (for developmental grants) of the total approved costs of the project. The total approved cost of the project is the sum of the HRSA share and the non-Federal share. Applications must demonstrate that at least 5 percent (for planning grants) or 10 percent (for developmental grants) of the cost sharing requirement is met through cash contributions for planning or development projects respectively. The remaining non-Federal share may be met by cash or in-kind contributions.

Application Review and Funding Criteria: All eligible applications that are responsive to the requirements and received in time for orderly processing will be reviewed by an Objective Review Committee comprised of non-Federal reviewers using the following review criteria:

ISDI Planning Projects

1. Appropriateness in meeting expectations of the ISDI—extent to which the application effectively promotes the integration and coordination of primary care across business and clinical functions through the planning phase.

2. Readiness for Network Development—the extent to which the application demonstrates both an appropriate multi-year strategic planning process and financial plan.

3. Strength of Proposed Collaboration—extent to which the application demonstrates that all health centers in the marketplace are collaborating in the planning project.

4. Capacity of the Network to Integrate—extent to which the application demonstrates that network members are planning to collaborate, share, and/or integrate functions or components of their systems.

5. Appropriateness to State Environment and Marketplace—the extent to which the applications demonstrates how the project will strengthen the position of health centers in the state environment and/or marketplace.

ISDI Developmental Projects

1. Appropriateness in meeting expectations of the ISDI—extent to which the application effectively promotes the integration and coordination of primary care across business and clinical functions among network members.

2. Readiness for Network Development—the extent to which the

application demonstrates both an appropriate multi-year strategic planning process and commitment (as evidenced by the contribution of time, resources, cash, etc.) by each of the collaborators in the strategic planning process, work plan, budget spreadsheet, and memorandum of agreement.

3. Strength of Proposed Collaboration—extent to which the application demonstrates that all health centers in the marketplace are collaborating, including, the level of involvement of key management staff, clinical personnel, boards among the network members in the development, implementation and/or performance of the project.

4. Capacity of the Network to Integrate—extent to which the application demonstrates that network members will collaborate, share, and/or integrate functions or components of their systems.

5. Appropriateness to State Environment and Marketplace—the extent to which the application demonstrates how the network will strengthen the position of health centers in the state environment and/or marketplace.

SIMIS Projects

1. Readiness for SIMIS Development—extent to which the application demonstrates that it has a multi-year strategic planning process that provides the network's initial assessments, including completed market and organizational assessments, agreement among the network members on the mission, goals, objectives and timetable for the project, and planning for the SIMIS.

2. Strength of Proposed Collaboration—extent to which all health centers in the State are collaborating, including the extent to which: (a) Key management staff of the network members are involved in the development, implementation and/or performance of the project; (b) the proposed project is suited to the organizational/administrative capacity of the network members based on the organizational assessment; and (c) economies of scale are achieved by the other than information system means, e.g., centralized billing/collection.

3. Technical Capacity of the Network to Integrate—extent to which: (a) Network members will collaborate, share, and/or integrate functions or components of their systems to facilitate centralize data integration (e.g., common business rules/practices, data structure, practice management software); and (b) current business and clinical practices will be altered or