

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

***Behavioral Health Workforce Education and Training (BHWET)
Program for Professionals***

Funding Opportunity Number: HRSA-21-089

Funding Opportunity Type(s): New and Competing Continuation

Assistance Listings (CFDA) Number: 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: January 21, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems, including SAM.gov and Grants.gov, may take up to 1 month to complete.

Issuance Date: October 7, 2020

MODIFIED 11/09/2020: Sections IV.2.ii Table 1 and V.1 Review Criterion 1 – Rural Experiential Training Site(s) defined; terminology usage - field placement/experiential training site. Section V.2 Funding Preference and Other Factors

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Authority: 42 U.S.C. § 294e–1(a)(1)-(3) (Section 756(a)(1)-(3) of the Public Health Service Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for Fiscal Year (FY) 2021 for the Behavioral Health Workforce Education and Training (BHWET) Program for Professionals.

The purpose of the BHWET Program for Professionals is to develop and expand experiential training opportunities, such as field placements and internships, to improve the distribution and supply of the behavioral health workforce. The BHWET Program for Professionals emphasizes relationships with community-based partners (e.g., hospitals, crisis centers, state and local health departments, emergency departments, faith-based organizations, first responders, and judicial systems) to increase access to quality behavioral health services for populations across the lifespan in high need and high demand areas.¹ A special focus is placed on demonstrating knowledge and understanding of the specific concerns for children, adolescents, and transitional-aged youth who are at risk for behavioral health disorders. Additionally, the BHWET Program for Professionals emphasizes interdisciplinary collaboration by utilizing team-based care in integrated behavioral health and primary care settings and recruiting a workforce that reflects participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, interested in serving high need and high demand areas.

Under this Notice of Funding Opportunity (NOFO), an eligible institution may submit a maximum of one application for the BHWET Program for Professionals. Collaboration within the institution is encouraged to ensure only one application is submitted.

Funding Opportunity Title:	Behavioral Health Workforce and Education Training (BHWET) for Professionals
Funding Opportunity Number:	HRSA-21-089
Due Date for Applications:	January 21, 2021
Anticipated Total Annual Available FY 2021 Funding:	Approximately \$44,200,000
Estimated Number and Type of Award(s):	Up to 92 grants
Estimated Award Amount:	Up to \$480,000 per year Awards are subject to the availability of appropriated funds.

¹ For purposes of this NOFO high need and high demand areas are identified as sites located within Mental Health Professional Shortage Areas (HPSAs) and/or a Facility Mental HPSA with a score of 16 or above, or within a geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP).

Cost Sharing Required:	Cost sharing is only required for doctoral-level Psychology, Psychiatry, Behavioral Pediatrics and Psychiatric Nursing Internships, where applicable, to cover any student stipend costs beyond \$28,352 per geographic reimbursement requirements set by the applicable association (42 U.S.C. § 797(b) of the Public Health Service Act).
Period of Performance:	July 1, 2021 through June 30, 2025 (4 years)

<p>Eligible Applicants</p>	<p>Accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and doctoral level programs), social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling, including such programs with a focus on child and adolescent mental health, trauma, and transitional-age youth.</p> <p>Accredited doctoral, internship, and post-doctoral programs of health service psychology (including clinical psychology, counseling, and school psychology) for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, as well as the development of faculty in health service psychology.</p> <p>Accredited master's and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, and the development of faculty in social work.</p> <p>Individuals are not eligible to apply under this NOFO.</p>
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	<p>All current grant recipients funded under the FY 2017 BHWET Program for Professionals are eligible to apply and grant recipients will need to distinguish how proposed activities under this NOFO differ from other currently awarded BHW grants.</p> <p>See Section III.1 of this notice of funding opportunity for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Behavioral Health Workforce Education and Training (BHWET) Program for Professionals.

Program Purpose

The purpose of the BHWET Program for Professionals is to increase the supply of behavioral health professionals while also improving distribution of a quality behavioral health workforce and thereby increasing access to behavioral health services. A special focus is placed on the knowledge and understanding of children, adolescents, and transitional-aged youth at risk for behavioral health disorders.

Program Goals

1. Establish relationships with community-based partners (e.g. hospitals, crisis centers, state and local health departments, emergency departments, faith-based organizations, first responders, and judicial systems) to increase access to quality behavioral health services in high need and high demand areas for populations across the lifespan;
2. Promote collaborative training by utilizing team-based models of care in integrated, interdisciplinary behavioral and primary care settings; and
3. Recruit a workforce that reflects participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, interested in serving high need and high demand areas interested in serving high need and high demand areas.

Program Objectives

1. Increase the number of experiential training sites to promote the integration of behavioral health into primary care settings in high need and high demand areas. Experiential placements must include interdisciplinary training of two or more health disciplines using a team based care approach to provide quality behavioral health services;
2. Enhance didactic and experiential training activities through the development of competencies in primary and behavioral integrated, interprofessional team-based trauma informed care, for trainees, faculty, and staff;
3. Establish community partnerships to ensure participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, opportunities for field placements or internships, community education, career development, and provide job placement services, to increase access to behavioral health services;
4. Promote technology integration in the provision of services and training programs, including utilizing telehealth services, implementing strategies to increase digital health literacy, and offering options for distance learning; and

5. Reduce financial barriers by providing financial support to trainees in the form of stipends and other participant support costs.

HHS and HRSA Priorities

Improving mental health care and access to quality services is a HHS and HRSA clinical priority. The BHWET program seeks to address this priority by increasing the behavioral health workforce across disciplines, in high need and high demand areas, and through the collaboration with community-based partnerships.

2. Background

This program is authorized by 42 U.S.C. § 294e–1. The BHWET Program was established in 2014 to expand the behavioral health workforce by supporting professionals and paraprofessionals to: increase access to behavioral health care services in mental health and substance abuse; develop interprofessional training and behavioral health integration; and implement experiential training serving child, adolescent, and transitional aged youth. Over the years, its purpose has expanded to serve rural, vulnerable, and medically underserved areas; as well as individuals across the lifespan, including those with substance use disorders; and to demonstrate enhanced didactic and experiential training. Starting in Fiscal Year 2021, the BHWET program will have: separate NOFOs for professionals and paraprofessionals; a focus on serving high need and high demand areas; and technology integration through the use of telehealth, digital health literacy, and distance learning. More information regarding the history of the BHWET Program and BHW's investments in behavioral health can be found at: <https://bhw.hrsa.gov/grants/behavioral-health>.

Mental health disorders are associated with high levels of disability, high mortality rates, and lost health.² In 2018, 1 in 5 U.S. adults reported having any mental illness and 1 in 25 U.S. adults reported having a serious mental illness. Almost 10 million adults experiencing a mental illness also report having a substance use disorder (SUD) and while about half of U.S. adults with co-occurring disorders received care for their mental illness or SUD, only 7% of U.S. adults received treatment for both. In 2018, 1 in 7 U.S. adolescents reported having a major depressive episode within the past year, a steady increase since 2004, and adolescents with any mental illness were twice more likely to engage in substance use than those without.³ Between 2017 and 2018, 8 of the 12 most frequently reported conditions among children 0-17 years of age were mental, behavioral, and developmental conditions and 1 in 3 had experienced at least one adverse childhood experience (ACE), which is strongly related to health problems. Children of racial minorities and low socioeconomic status were at higher risk of experiencing 2 or more ACEs.⁴

² Pan American Health Organization. *The Burden of Mental Health Disorders in the Region of the Americas, 2018*. Washington, D.C.: PAHO; 2018. https://iris.paho.org/bitstream/handle/10665.2/49578/9789275120286_eng.pdf?sequence=10&isAllowed=y

³ Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>.

⁴ Health Resources and Services Administration: Maternal and Child Health. *National Survey of Children's Health Data Brief*. Rockville, MD. 2019. <https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/NSCH-2018-factsheet.pdf>

Youth involvement in and exposure to violence are related to important psychosocial and behavioral outcomes, including substance use. Survivors of violence are more likely to become victims of other forms of violence and are at higher risk of behaving violently. Furthermore, people who behave violently are more likely to commit other forms of violence (i.e. youth who bully are more likely to bring guns to school). Intimate partner violence (IPV) is another byproduct of early violence. Conflict at home is linked to almost all forms of violence perpetration like child maltreatment, teen dating violence, IPV, sexual violence, youth violence, and bullying. However, access to mental health and substance use services is one protective measure that lessens the likelihood of experiencing violence and increasing resilience when a youth is exposed to violence. Additionally, resources and services among community agencies as well as connectedness to one's community have been demonstrated to increase community resilience.⁵

Despite population growth for minority racial and ethnic groups in the U.S. and increasing levels of diversity in the nation as a whole, representation levels of minority groups within the health workforce remains disproportionately low overall.⁶ Additionally, life expectancy is lower among racial and ethnic minorities, as well as in rural areas of the U.S. Much of rural America lacks access to health care, has a higher rate of chronic health conditions, and poorer quality of life compared with non-rural areas. In rural communities on average there is a 45 percent higher rate of opioid overdose than in urban areas. Additionally, rural America has a greater shortage of mental health providers, a smaller number of comprehensive treatment facilities, and fewer detox services per county in contrast to non-rural areas.⁷

The primary care setting is the common point of entry to healthcare, and for patients in medically underserved communities it provides an opportunity for diagnosing new, untreated, and previously unrecognized behavioral health disorders as well as connecting patients to needed care. Making behavioral health services directly available within the same settings as routine primary care services increases the likelihood that individuals will take advantage of them.⁸ For example, health centers deliver high quality, culturally competent, and comprehensive primary care, including services for mental health and substance use disorders to high need and high demand communities.⁹ Collaborating with community-based partners such as public health organizations, hospitals, law enforcement agencies, schools, and juvenile justice agencies present an opportunity to further reduce disparities in access to behavioral and public health services. The BHWET program encourages applicants to collaborate with health centers and non-traditional community partnerships to provide experiential

⁵ Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. 2014. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

⁶ Health Resources and Services Administration. National Center for Workforce Analysis. *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)*. 2017. <https://bhwr.hrsa.gov/sites/default/files/bhw/nchwa/diversityushealthoccupations.pdf>.

⁷ Health Resources and Services Administration, Office of Health Equity. *Health Equity Report 2017*. Rockville, Maryland: U.S. Department of Health and Human Services; 2018. <https://www.hrsa.gov/sites/default/files/hrsa/health-equity/2017-HRSA-health-equity-report.pdf>

⁸ National Rural Health Association. *The Future of Rural Health*. 2013.

<https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/FutureofRuralHealthFeb-2013.pdf.aspx>

⁹ Health Resources and Services Administration, Bureau of Primary Health Care. *What Is a Health Center?* Updated 2018. <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>

training sites and assist in connecting graduates with potential employment opportunities.

Technology can play a major role in how individuals seek, find, and understand health information. The BHWET program aims to promote technology integration in the training programs it supports. Strategies to improve digital health literacy and the uptake of health technology increase availability and access to health information, as well as patient engagement, leading to improved health outcomes.¹⁰ Additionally, offering options for distance learning can allow students who may face barriers to receiving in person didactic training continued learning. Telehealth services can be leveraged to connect patients and providers when geographical, social, and other barriers prevent in-person visits. Applicants are strongly encouraged to use telehealth in their proposed service delivery plans when feasible or appropriate. Additional information on telehealth can be found at <https://telehealth.hhs.gov/>. In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. *For information about such discounts, see <https://www.usac.org/rural-health-care/>. Patients may also be eligible for free or low cost mobile or broadband services through the Universal Service Lifeline program at <https://www.lifelinesupport.org/>.*

The behavioral health workforce has a role in addressing mental health needs and ensuring that populations across the lifespan have access to essential health care services. Over the next decade, it's projected that the demand for behavioral health professionals will continue to increase; this will necessitate a workforce trained and prepared to meet these needs, which the workforce supply is overall on track to meet.¹¹ However, sustained investments in support of up-to-date, evidence-based training opportunities in high need high demand areas will be required to keep up with the dynamic nature of the behavioral health landscape.

HRSA has a number of investments targeting opioid use disorder (OUD) and SUD across its Bureaus and Offices. To leverage HRSA-supported resources, technical assistance, and training, visit: <https://www.hrsa.gov/opioids>.

Program Definitions A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be found at the [Health Workforce Glossary](#). Additional definitions specific to the FY 2021 BHWET Program for Professionals can be found in [Section VIII](#).

¹⁰ Health Resources and Services Administration, Bureau of Health Workforce. *Behavioral Health Workforce Projections, 2017-2030*. 2018. <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/bh-workforce-projections-fact-sheet.pdf>

¹¹In It Together: Improving Health Literacy for All. *Health Literacy Research Guide*. 2017. <https://targethiv.org/library/health-literacy-resource-guide>

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuations.
HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$44,200,000 to be available annually to fund 92 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation.

You may apply for a ceiling amount of up to \$480,000 total cost (includes both direct and indirect) per year.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2021 through June 30, 2025 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the BHWET Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if you are unable to fully succeed in achieving the goals listed in application.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

For the purposes of this program, eligible applicants include:

- Accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and

doctoral level programs), social work, school social work, SUD prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling, including such programs with a focus on child and adolescent mental health, trauma, and transitional-age youth;

- Accredited doctoral, internship, and post-doctoral residency programs of health service psychology (including clinical psychology, counseling, and school psychology); and
- Accredited master's and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, and the development of faculty in social work

Note: Individuals are not eligible to apply under this NOFO.

In addition to the 50 states, eligible entities include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Domestic faith-based and community-based organizations, tribes, and tribal organizations may also apply for these funds, if otherwise eligible.

Current BHWET award recipients whose grants are scheduled to end on August 31, 2021 are eligible to apply for this funding opportunity and should apply as "Competing Continuations."

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR part 75.216(b)).

Accreditation/Approval Documentation

Entities must be accredited by a nationally recognized accrediting body, as specified by the U.S. Department of Education. Applicants must provide a copy of their accreditation documentation, specifying the dates covered by the active accreditation, including expiration date, as **Attachment 6**.

Applicants applying for doctoral-level schools and programs of health service psychology, professional psychology internships, and post-doctoral psychology residencies must provide documentation of their institution's APA accreditation, specifying the dates covered by the active accreditation, including expiration date, letter as **Attachment 6**.

Failure to submit Attachment 6 may be considered by HRSA as non-responsive and ineligible for consideration. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of change in status.

2. Cost Sharing

Cost Sharing is required only for doctoral-level psychiatry, psychology, school psychology, psychiatric nursing or behavioral pediatrics internships, to cover any trainee stipend costs beyond \$28,352 per geographic reimbursement requirements set by association requirements. The difference between the doctoral-levels intern stipend maximum amount and any regional standard above the stipend maximum must be covered by the grant recipient using non-federal funding and must include a written statement in the budget narrative justification. If applicable, HRSA will deem ineligible all applications that fail to address cost matching requirements (42 U.S.C. § 797(b) of the Public Health Service Act).

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$480,000 per year non-responsive and will not consider it for funding under this notice.

Deadline

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2. Complete the Maintenance of Effort information and submit as **Attachment 5**.

Multiple Applications

Multiple applications from an organization are not allowable. An organization is defined by having a valid Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI).

Where multiple programs within your organization are interested in applying under this funding announcement, you may collaborate across programs to submit a single application.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Experiential Training Sites

HRSA will consider any application that fails to include **Attachment 4** non-responsive and will not consider it for funding under this notice.

Beneficiary Eligibility

Trainees must be enrolled full or part time in the school or program receiving the grant award in order to receive stipend support. In addition, trainees must be eligible to work in the United States. A trainee receiving support from grant funds under this program must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible to participate.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of HRSA’s [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **75 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-089, it may count against the page limit. Therefore,

we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1. You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3. Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 13: Other Relevant Documents*.

Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) provides additional information on all certifications.

Program-Specific Instructions

Program Requirements:

1. Provide stipend support to students who are in their final experiential training (internship or field placement) prior to graduation for no less than six consecutive months and no more than 12 consecutive months;
2. Establish or expand the number of partnerships with experiential training sites in high need and high demand areas in order to recruit and place trainees in these areas;
3. Advance the integration of behavioral health training into primary care settings to improve access to quality behavioral health services;
4. Recruit a workforce that reflects participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, interested in serving high need and high demand areas;
5. Enhance didactic and experiential training activities that develop trainee competencies in behavioral health as well as its integration into primary care for the development and implementation of interdisciplinary training (i.e. two or more health disciplines);
6. Create or enhance current, evidence-based interprofessional training programs for faculty and field site supervisors;
7. Demonstrate knowledge and understanding of the concerns of the population served, especially individuals with mental disorder symptoms or diagnoses, particularly children and adolescents, and transitional-age youth;

8. Include technology integration by providing options for distance learning and developing didactic and experiential training activities that address strategies for providing telehealth services and increasing digital health literacy;
9. Establish relationships with community-based partners (e.g. hospitals, crisis centers, state and local health departments, emergency departments, faith-based organizations, first responders, and judicial systems) to provide experiential training, career development, and job placement services that assist students in obtaining employment following graduation from the program;
10. Demonstrate any internship or other field placement program assisted under the grant prioritizes cultural and linguistic competency;
11. Use an evidence based continuous monitoring tool to evaluate program objectives and make adjustments as needed to improve program outputs and outcomes over the four-year project period;
12. Collect specified program and performance data, and disseminate findings to appropriate audiences. Participate in program evaluations during and upon completion of the project period; and
13. Collaborate regularly during the project period with other BHWET Program for Professionals grant recipients (e.g. the grantee engagement platform, consortium developed by recipients in state or nearby states, etc.) to leverage resources, enhance interdisciplinary training, and collaborate across regions.

Additional Program Areas of Focus:

Additionally, the BHWET program welcomes applications that intend to incorporate the following areas of focus into their programs. Please note that that these are not program requirements, but are encouraged activities, and all applications will be given fair and equitable consideration.

Health Center Collaboration – HRSA-Supported Health Centers provide culturally competent, comprehensive primary care services in an integrated setting to communities in high need and high demand areas. Applicants can collaborate with these centers to develop experiential training opportunities and leverage partnerships for future employment opportunities for graduates.

Violence Prevention – Applications can address the role that intimate partner violence and youth violence play in the behavioral health outcomes of individuals in high need and high demand areas by incorporating plans for didactic and experiential training that recognizes and supports victims through an understanding of trauma-informed care. Behavioral health service delivery will ideally also include the provision of culturally and linguistically appropriate care for racial and ethnic minority populations within the community.

Loan Repayment Programs – To reduce financial burdens that students and trainees may face, applicants can connect graduates with HRSA-sponsored loan repayment programs such as the National Health Service Corps (NHSC) SUD Workforce Loan Repayment Program or the NHSC Rural Community Loan Repayment Program. Additional information regarding the programs and eligibility can be found at <https://nhsc.hrsa.gov/loan-repayment/index.html>.

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

1. The discipline(s) for which you are applying;
2. The requested funding amount;
3. A brief overview of the project as a whole (i.e. proposed services, needs address, target population(s), etc.);
4. A summary of the proposed project goals for which funding is requested;
5. How the proposed project will be accomplished (i.e., the “who, what, when, where, why, and how” of the project);
6. Specific, measurable objectives that the project will accomplish; and
7. If applicable, a statement indicating eligibility for funding preference and/or funding priority.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion #1](#)

Briefly describe the purpose of the proposed project and outline the needs of the training program or institution. Discuss the target population(s) served by the behavioral health workforce of focus, as well as the social determinants of health and the health disparities impacting the population or communities served. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve.

Please include the following:

- Describe the unmet need for the behavioral health service area of focus;
- Describe the need for evidence-based behavioral health workforce training, particularly as it pertains to integrated, interdisciplinary team-based care in the behavioral health discipline of focus;
- Discuss the current scope of representation of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, class backgrounds, different genders, and sexual orientations in the behavioral health field;
- Discuss the current capacity of the local community to meet the needs of populations in high need and high demand areas and how the proposed

project activities will strengthen partnerships with traditional and non-traditional community-based organizations to improve health outcomes;

- Describe the health needs of the target population(s) served by the proposed experiential training site(s);
- Detail the information regarding experiential training sites shown in *Table 1* and submit as **Attachment 4**;
- Discuss the need and plan to provide evidence based trainings for faculty and staff in interprofessional settings;
- Describe the current implementation technology integration, including telehealth services, initiatives to address digital health literacy, and options for distance learning, how it supports the needs of the trainees and the target population(s) they serve; and
- As applicable, describe any current innovative models of care that deliver integrated and coordinated behavioral health and primary care services, incorporate trauma-informed care, and address intimate partner violence and youth violence. In particular, describe how this service delivery focuses on culturally appropriate care for racial and ethnic minority populations within the community.

Table 1: Experiential Training Sites

Site Name	Experiential site address (Example: XX Main Street, Town, State, Zip Code)	Number and discipline of proposed BHWET trainees at experiential site	Number of trainee hours or hours in rotation	Mental Health HPSA Score using the HPSA Find Tool https://data.hrsa.gov/tools/shortage-area/hpsa-find	Geographical area considered Rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP) as found in the Am I Rural tool

- **RESPONSE TO PROGRAM PURPOSE** -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V’s Review Criteria #2 (a), (b), and (c).
- (a) **WORK PLAN** -- Corresponds to Section V’s [Review Criterion #2 \(a\)](#).

Provide a comprehensive work plan that demonstrates through concrete steps how you will implement the proposed project to meet the goals of this NOFO. [A sample work plan can be found here.](#)

Please include the following:

- Describe the program goals and objectives, elaborate on key partners, list deliverables, and assign staff and timeframes to complete programmatic activities within the four year performance period. Goals and objectives must be specific, measurable, achievable, realistic, and time framed. [A sample tool to apply SMART goals can be found here;](#)
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation;

- Identify meaningful collaboration with key stakeholders who will support planning, designing, and implementing all activities, and describe the extent to which these contributors reflect the populations and communities served; and
 - Describe how your organization will ensure any subawarded funds or funds expended on contracts are properly documented.
- (b) *METHODOLOGY/APPROACH* -- Corresponds to Section V's [Review Criterion #2 \(b\)](#).

Describe the objectives, proposed activities, and strategies and provide evidence for how they (1) align with and drive the work plan, (2) incorporate each of the program requirements and expectations of the NOFO; and (3) address the needs in the Purpose and Need section.

Please include the following:

- A plan to develop or enhance didactic and experiential training by utilizing evidence-based behavioral health modalities to prepare trainees to serve populations in high need and high demand areas;
- The number of training slots that will be established to accommodate trainees in the behavioral health discipline(s) of focus and increase the training capacity of the organization/institution;
- A plan to ensure participation of trainees from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;
- A plan to increase the number of experiential training slots within integrated, interprofessional settings that utilize team-based models of care;
- A description of how the experiential training assisted under the grant will prioritize cultural and linguistic competencies;
- A plan to develop evidence-based interprofessional training for faculty and staff;
- A disbursement plan for the provision of stipend support to trainees during the required experiential training;
- A plan to collaborate on projects, leverage resources, and expand opportunities for trainees with at least one other BHWET grant recipient during the period of performance; and
- A description of how the project and training components are connected to the public systems of health and behavioral health care in the communities or areas of focus, including how the applicant will collaborate with these public organizations during the project.

You must also submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);

- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

NOTE: Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. [Find additional information on developing logic models here.](#)

- (c) *RESOLUTION OF CHALLENGES* -- Corresponds to Section V's [Review Criterion #2 \(c\)](#)

Discuss challenges likely to be encountered in designing and implementing the activities described in the work plan and their resolutions.

Please include the following:

- Challenges and resolutions related to the work plan, implementation of the project, and achievement of the proposed goals and objectives (e.g. program performance evaluation, and performance measurement requirements);
- Challenges and resolutions related to workforce development, such as recruitment, retention, education, training, job placement, and career development of behavioral health professionals in high need and high demand areas;
- Challenges and resolutions related to ensuring participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations that represent the population served;
- Obstacles and approaches to ensuring experiential training sites offer integrated, interprofessional behavioral health services, include technology implementation, and trauma informed care;
- Obstacles and approaches to address youth violence and intimate partner violence when applicable; and
- Challenges and resolutions related to recruiting, supporting, and training supervisors at experiential training sites to ensure trainees receive adequate guidance.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criterion #3 \(a\)](#)*

Performance Reporting Plan: Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. [Examples of the required data forms for this program are found here.](#)

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting the goals and objectives of the project. Indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Please include the following:

- The inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources);
- Key processes, variables to be measured, expected outcomes of the funded activities, and how all key evaluative measures will be reported;
- The data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes;
- An explanation of how the data collected will be used to inform program development and training delivery in a way that allows for accurate and timely reporting of performance outcomes;
- Current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. A complete staffing plan and job descriptions for key personnel must be included as **Attachment 1**. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form;
- Any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles; and
- A plan to use an evidence based tool for continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. [Additional information on RCQI is available here.](#)

Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

You must also describe your capacity to collect, validate, and report required data measures that include, but are not limited to:

- Number and type of experiential training opportunities offered in a behavioral health field in an integrated, interprofessional setting providing behavioral health services including trauma informed care to persons in high need and high demand areas;
- Number of trainees you plan to recruit and the number and demographics of the trainees trained during the four year period of performance;
- Number of graduates during the four year period of performance who pursue behavioral health careers serving persons in high need and high demand areas;
- The types of settings graduates are employed in, including prior experiential training sites and high need and high demand areas;
- Number of experiential training sites that address intimate partner violence and youth violence, as applicable;
- Number of experiential training sites that incorporate culturally competent practices into their delivery of care;
- Number and type(s) of organizations partnered with experiential training sites and job placements;
- Types of technology integrated into didactic and experiential training, including distance learning options, telehealth services, and initiatives to increase digital health literacy;
- Types of job placement services offered and the number of trainees who receive employment opportunities as a result of these services; and
- Number and type(s) of training opportunities available to faculty and/or field supervisors.

Describe your process to track trainees after graduation for up to 1 year, to include collection of trainees' National Provider Identifiers (NPI). Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics.

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's [Review Criterion #3 \(b\)](#)*

Provide a clear plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

Please include the following:

- Highlight key elements of the grant projects such as training methods or strategies which have been effective in improving behavioral health practices;
- Obtain future sources of potential funding;
- Provide a timetable for becoming self-sufficient; and
- Address challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- **ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES --**
Corresponds to Section V's [Review Criterion #4](#)

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart (requested as **Attachment 3**), relevant experience, and scope of current activities. Describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the behavioral health needs of the target populations of the communities served are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1**. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- **Senior/Key Personnel Name**
- **Position Title**
- **Education/Training** - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-

reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional*) **Other Support**. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. **Budget**

The directions offered in the SF-424 R&R Application Guide may differ from those offered by Grants.gov. Follow the instructions in the *R&R Application Guide* and the additional budget instructions provided below to ensure that, if HRSA selects the application for funding, it will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Refer to Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) for more details.

At least 60 percent of the total requested budget per year must be dedicated to stipends only for trainees in final experiential training (internship or field placement). All other costs, including indirect, must be budgeted out of the remaining 40 percent.

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the R & R Subaward Budget Attachment(s) Form.

The R & R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v of HRSA’s [SF-424 R&R Application Guide](#)

The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

As a reminder, all applicants are required to provide a budget, with a budget justification narrative maintaining the 60:40 ratio per year.

In addition, the BHWET Program requires the following:

Participant/Trainee Support Costs: List stipends, and other trainee support costs, as applicable: such as tuition/fees/health insurance, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

Please Note: 60 percent of the total requested per year is for stipends ONLY. All other requested participant support costs must be budgeted out of administration and program management.

Consultant Services: If using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges

Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Required)

See Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#). Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization’s time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (As applicable)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 3: Project Organizational Chart (Required)

Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

Attachment 4: Experiential Training Site Documentation (Required)

Provide a description of the field placement or internship as depicted in [Table 1](#) in the Purpose and Needs Section, including the number of hours per week that each trainee will participate. In order for HRSA to validate the data, you must include the specific addresses for the partnering training sites. All data must be appropriately cited as valid at the time of application, and is subject to verification.

Attachment 5: Maintenance of Effort (MoE) Documentation (Required)

Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2020 (Actual)	FY 2021 (Estimated)
Actual FY 2020 non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated FY 2021 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$_____	Amount: \$_

Attachment 6: Documentation of Accreditation (Required)

Provide documentation of accreditation. The applicant institution must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body (as defined in “**Accreditation/Approval Documentation**”) and are not on probation, (2) name of the accrediting body, (3) a web link to the accreditation document (if available), and (4) the accreditation start and expiration dates.

Attachment 7: Documentation of Experiential Training prerequisite for graduation from school or program (Required)

Eligible schools and programs of psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master’s and doctoral level programs), social work, school social work, SUD treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling must require a pre-degree clinical field placement or internship as part of the training and as a requirement for graduation. Provide documentation of the pre-degree clinical field placement or internship requirement.

Attachment 8: Student Commitment Letter (Required)

Provide a copy of a student commitment letter template, through which students will commit to completing experiential training. At a minimum the letter shall include willingness to provide award recipient with required reporting information, including one-year post-training completion employment status, and the consequences should they neglect to complete experiential training. The letter may also ask students for a plan to voluntarily pursue employment working with persons in high need and high demand areas. Additionally, the commitment letter must include how stipends will be disbursed and address the potential impact of stipend support on the student’s financial aid award. Students receiving support

through the BHWET program should be informed in advance of the institution's financial aid policies.

Attachment 9: Logic Model (Required)

You must provide a Logic Model that presents the conceptual framework for your project. Refer to [Section IV.2.ii Methodology/Approach](#) for more information on logic models.

Attachment 10: Letters of Support (As Applicable)

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 11: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If making subawards or expending funds on contracts, describe how the organization will ensure proper documentation of funds.

Attachment 12: Request for Funding Priority and/or Preference (As Applicable)

To receive a funding priority and/or funding preference, include a statement that the applicant is eligible for the funding priority and/or the funding preference, identify the funding priority and/or preference, and include documentation of this qualification, as outlined in [Section V.2](#).

Attachment 13: Other Relevant Documents (As applicable)

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in December 2020, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#) page.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 21, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

BHWET is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) provides additional information.

6. Funding Restrictions

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law.

a. Period of Performance Funding

You may request funding for a period of performance of up to four years, at no more than \$480,000 per year (inclusive of direct **and** indirect costs).

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

b. Student (Participant/Trainee) Stipends

At least 60 percent of an applicant's total requested budget (direct and indirect costs) per year, must be used for stipends for trainees in final experiential training (internship or field placement). Applicants must dedicate this portion of funds to stipends only.

Stipends are subsistence allowance for students in experiential training to help defray living expenses and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program. The stipend amounts that can be charged to the award are fixed. Grant recipients may not provide stipends lower than the amounts specified below; however, grant recipients may choose to provide higher stipend amounts by including funds from other non-federal sources.

Note: No more than 12 consecutive months of stipend support is allowed per full-time trainee. Part-time trainees are allowed to receive a stipend prorated at one-half of the fixed amount for no more than 24 consecutive months.

Required minimum stipend amount of:

- \$10,000 per master's-level student (including Advanced Standing¹²)
- \$25,000 per doctoral-level student in a psychology or school psychology practicum for 10 or more hours per week per academic semester for two semesters or doctoral level social work student
- \$28,352 per doctoral-level psychology intern, or psychiatric nursing intern; and
- \$47,844 per post-doctoral psychology fellow, psychiatry resident, and behavioral pediatric resident.

Stipend support is only available for students in:

- Master's-level social work and social work students in their Advanced Standing field placement or in the final field placement for other social work programs;
- Master's-level school counseling, professional counseling, SUD prevention and treatment, marriage and family therapy, occupational therapy, psychology programs, or psychiatric nursing programs;
- Doctoral-level psychology or school psychology practicum for ten or more hours per week per academic semester for two semesters;
- Doctoral-level social work programs;
- Doctoral-level psychology internships in health service psychology; and
- Doctoral-level internship in psychiatric nursing;
- Post-doctoral level psychology residencies in practice psychology; residencies in psychiatry, and developmental-behavioral pediatrics residencies.

c. Administration and Management

No more than 40 percent of funding is for the administrative and management of the program and may be dedicated to recipient activities; e.g. Project staff time, travel, subawards, indirect costs, etc.

d. Program Income

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. Find post-award requirements for program income at [45 CFR § 75.307](#).

e. Unallowable Costs

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, grant funds may not be used for the following:

a. Construction

¹²Advanced Standing students hold a baccalaureate degree from a program accredited by Council on Social Work Education- <http://www.cswe.org/About/FAQ/StudentQuestions.asp>

b. Foreign travel

c. Fringe Benefits for Trainees

Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable costs under this grant. Participant/Trainee Health Insurance is allowable, not as a fringe benefit but as a trainee related expense.

d. Accreditation Costs

Accreditation costs (i.e. Renewals, annual fees, etc.) of any kind are not allowable under this program.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Review criteria are used to review and rank applications. The BHWET Program for Professionals has five review criteria. See the review criteria outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Criterion 1: PURPOSE AND NEED (25 points) – Corresponds to Section [IV's Purpose and Need](#)

Reviewers will consider the extent to which the application demonstrates the problem and associated contributing factors to the problem.

Criterion 1 (a) TRAINING SITE (5 Points): Applicants that partner with at least one training site located in a high need and high demand area, as listed in *Table 1* submitted with **Attachment 4**, will receive 5 points. Points will be given to applicants by HRSA staff and provided to reviewers prior to review (5 points maximum) if:

- The data in *Table 1* indicates that the experiential training site(s) is/are located in Mental Health Professional Shortage Areas (HPSAs) or is/are located in Facility Mental Health HPSAs with a score of 16 or above as found in the HPSA Find tool (<https://data.hrsa.gov/tools/shortage-area/hpsa-find>); and/or
- The data in *Table 1* indicates that the experiential training site(s) is/are located within a geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP) as found in the *Am I Rural tool* <https://www.ruralhealthinfo.org/am-i-rural>
 - **Please note** that applications either meet this qualification fully or not at all. HRSA will apply a score of **only zero or five** to this criterion.
 - Applicants will receive zero points if (1) they fail to include the specific addresses for the partnering training sites; or (2) if the address of the training site is not found in the HPSA Find tool or the am-i-rural tool.

Criterion 1 (b) PROGRAM PURPOSE AND NEED (20 Points): An application will receive up to 20 points based upon the quality and extent to which it addresses:

- Demonstrated understanding of the behavioral health needs and risk factors for persons in high need and high demand areas;
- Significant incidence and prevalence of behavioral health conditions within a clearly defined target population;
- Measurable gaps in the delivery of behavioral health services for the defined population and specific to the purview of the program described in the proposal;
- Health status indicators related to the behavioral health problems of persons in high need and high demand areas
- How technology will be integrated to meet the needs of the trainees and target population;
- Identification of a level of behavioral health and primary care integration that is sufficient to build upon to support innovative models, including team-based models of care that addresses trauma-informed care; and
- Described innovative models of care to address intimate partner violence and youth violence, as applicable.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to [Section IV's Response to Program Purpose](#) Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(a\) Work Plan](#)

Reviewers will consider the extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the populations and communities served.

This includes the extent to which the application:

- Outlines a clear, comprehensive and specific set of goals and objectives, activities, timeframes, deliverables, and key staff to ensure successful implementation of the project;
- Explains how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation;
- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including how you will establish or expand internships or field placement programs, particularly at sites that are working toward or have instituted integrated and/or interdisciplinary team-based care; and
- Properly documents and describes any subawarded funds or funds expended on contracts.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(b\) Methodology/Approach](#)

Reviewers will consider the extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. Applications will be reviewed based on the strength of the proposed goals and objectives and their relationship to the program requirements, describes activities that are capable of addressing the identified behavioral health problem, and the sophistication and plausibility of the logic model.

This includes the extent to which the application:

- Demonstrates enhancement of the quality (e.g., structure, duration, frequency), of experiential training opportunities in behavioral health settings on integrated, interdisciplinary teams;
- Describes approaches to increase the number of experiential training opportunities in behavioral health and primary care integration;
- Demonstrates expanded/enhanced clinical training that will measurably impact the number of students trained with a focus on the provision of behavioral health services to persons in high need and high demand areas;
- Demonstrates the extent to which training opportunities prioritize cultural and linguistic competency;
- Demonstrates the ability to administer the program and provide meaningful financial support to students;
- Demonstrates strong, relationships with external partners, such as community-based partnerships focused on health care, social services, and behavioral health needs of the target population, and how these organizations will host experiential training opportunities and assist with career placements for graduates of the program;
- Demonstrates how traditional community partnerships will result in support and leveraged resources to recruit and train students;
- Describes how the applicant will ensure participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(c\) Resolution of Challenges](#)

Reviewers will consider the extent to which the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

This includes the extent to which the application:

- Describes challenges related to the proposed goals and objectives, work plan, project implementation, program performance evaluation, and performance measurement requirements;
- Describes challenges related to the workforce development, such as recruitment and retention and education and training of students in high need and high demand areas;
- Describes obstacles to identifying and collaborating with experiential training sites with the focus on behavioral health modalities and integrated and/or interdisciplinary team-based care; and
- Outlines a reasonable and action-oriented plan and innovative approaches to address the challenges identified above.

Criterion 3: IMPACT (20 points) – Corresponds to [Section IV's Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#), and [Sub-section \(b\) Project Sustainability](#)

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to [Section IV's Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which the proposed project has a public health impact and the project will be effective, if funded. The application will be reviewed for the extent to which it effectively reports on the measurable outcomes being requested. This includes both internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a).

This includes the extent to which the application:

- Demonstrates the strength and effectiveness of the proposed method to monitor and evaluate the project results;
- Provides evidence that the evaluative measures will assess to what extent the program objectives have been met and to what extent these can be attributed to the project;
- Demonstrates expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- Describes how program performance outcomes will inform program development and service delivery;
- Provides an evaluation plan that includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a

description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes;

- Describes anticipated obstacles to the evaluation and proposes how to address those obstacles; and
- Describes the feasibility and effectiveness of plans for dissemination of project results.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to [Section IV's Impact Sub-section \(b\) Project Sustainability](#)

Reviewers will consider the extent to which the application describes a solid plan for project sustainability after the period of federal funding ends. The application will be reviewed for the extent to which it clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

This includes the extent to which the application:

- Describes specific actions to highlight key elements of the project that are effective in training the behavioral health workforce;
- Describes specific actions to maintain relationships among traditional and non-traditional community-based partnerships, BHWET recipients, and other collaborative partners;
- Identifies future sources of potential funding;
- Describes a timeline for becoming self-sufficient; and
- Describes challenges that are likely to be encountered in sustaining the program and approaches to resolve such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (10 points) – Corresponds to [Section IV's Organizational Information, Resources, and Capabilities](#)

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the attachments.

This includes the extent to which the application:

- Describes the capabilities, facilities, and personnel available to fulfill the needs and requirements of the proposed project, including providing an adequate staffing plan and organizational chart;
- Describes the percentage of time, including in-kind, the Project Director will dedicate to the project;
- Describes the staff, their responsibilities, and the timeline for activities to achieve each of the objectives proposed during the project period;
- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- Provides evidence of the applicant organization's successful experience administering grant programs of similar size and score; and

- Provides evidence of support and commitment by traditional and non-traditional community-based partnerships serving persons in high need and high demand areas, and providing job placement for students.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV's Budget Justification Narrative](#) and SF-424 R&R budget forms

Reviewers will consider the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results.

This includes the extent to which the application:

- Lists costs, as outlined in the budget and required resources sections, that are reasonable given the scope of work;
- Key personnel have adequate time devoted to the project to achieve project objectives;
- Trainee support is reasonable and supportive of the project objectives;
- Demonstrates that doctoral-level psychiatry, psychology, school psychology, psychiatric-mental health nurse practitioner or behavioral pediatrics residencies leverage other resources to align with stipend level requirements, if applicable;
- Describes, clearly and concisely, the number of students and the cost per student;
- Demonstrates a budget that includes at least 60 percent of funds for stipends only; and
- The budget and budget justification follows the program-specific budget guidelines under Section IV and the SF-424 R&R Application Guide, costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

FUNDING FACTORS

Funding Priority (5 Points)

This program includes a funding priority, as authorized by 42 U.S.C. § 294e-1(d) (Section 756(d) of the Public Health Service Act). You will be granted a funding priority if your program has demonstrated the ability to train psychology, psychiatry, and social work professionals to work in integrated care settings. To qualify for this priority, applicants must request the priority in the Project Abstract and submit as **Attachment 12** any information and/or data as evidence that they have trained psychology, psychiatry, and social work professionals to work in integrated care settings.

Funding Preferences

Section 791 of the Public Health Service Act requires a funding preference for any qualified applicant ranked above the 20th percentile of proposals that have been recommended for approval by peer review groups. This program provides three funding preferences as authorized by 42 U.S.C. § 295j (Section 791 of the Public Health Service Act). Applicants can provide evidence for one or more preference(s); however only one funding preference will be given. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference(s) and will grant it to any qualified applicant that demonstrates they meet the criteria as follows:

- Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities (**Qualification 1** as described below); or
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings (**Qualification 2** as described below); or
- Is a new program (defined in § 295j(c)(2) as those having graduated fewer than three classes) that meets at least four of the criteria listed (**Qualification 3** as described below).

To request a funding preference under this funding notice, applicants must specify in the Project Abstract which of the following qualifications they meet, and submit as **Attachment 12** any information and/or data to support the requested funding preference.

- **Qualification 1 (High Rate)** – Applicants who wish to request funding preference under this qualification must demonstrate that the percentage of graduates placed in practice settings serving medically underserved communities for Academic Year (AY) 2018-2019 and AY 2019-2020 is greater than or equal to fifty (50) percent. You must submit the following documentation in **Attachment 12**.

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's practice in medically underserved communities: https://data.hrsa.gov/ (Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs) <ul style="list-style-type: none"> • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population <u>or</u> • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		
<div style="text-align: center;"> <p># of Graduates in AY18-19 Employed in MUCs Plus # of Graduates in AY19-20 Employed in MUCs -----</p> <p>High Rate = $\frac{\text{Total \# of Graduates in AY 18-19} + \text{Total \# of Graduates in AY 19-20}}{\text{Total \# of Graduates in AY 18-19} + \text{Total \# of Graduates in AY 19-20}} \times 100$</p> </div>		

Qualification 2 (Significant Increase) – During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings.

Applicants who wish to request funding preference under this qualification demonstrate a twenty five (25) percent increase of placing graduates in medically underserved communities from AY 2018-2019 and AY 2019-2020. Applicants who wish to request funding preference under Qualification 2 must submit as **Attachment 12** the following documentation:

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's practice in medically underserved communities: https://data.hrsa.gov/ (Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs) <ul style="list-style-type: none"> • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population <u>or</u> • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		
<div style="text-align: center;"> <p># of Graduates in AY19-20 Employed in MUCs</p> <p>-----</p> <p>Total # of Graduates in AY 19-20</p> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: left;">Significant Increase</div> <div style="text-align: center;">=</div> <div style="text-align: center;">Minus</div> <div style="text-align: right;">X 100</div> </div> <div style="text-align: center; margin-top: 10px;"> <p># of Graduates in AY18-19 Employed in MUCs</p> <p>-----</p> <p>Total # of Graduates in AY 18-19</p> </div>		

• **Qualification 3 (New Program)** – To permit new programs to compete equitably for funding under this section, those new programs that meet at least four (4) of the criteria shall qualify for a funding preference. New Program means any program that has graduated less than three classes. Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 12** documentation that they have graduated less than three classes and meet at least four of the following criteria:

- a) The training organization's mission statement includes preparing health professionals to serve underserved populations.
- b) The curriculum of the program includes content that will help to prepare practitioners to serve underserved populations.
- c) Substantial clinical training in MUCs is required under the program.
- d) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
- e) The entire program or a substantial portion of the program is physically located in a MUC.
- f) Trainee assistance, which is linked to service in MUCs, is available to trainees

- through the program.
- g) The program provides a placement mechanism for helping graduates find positions in MUCs.

To award the funding preference, HRSA staff will review data submitted in **Attachment 12**, and will determine whether the applicant meets the preference. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

Funding Special Considerations and Other Factors

As authorized by 42 U.S.C § 294e-1(c) (Section 756(c) of the Public Health Service Act), at least four of the grant recipients under the psychology and social work disciplines shall be Historically Black Colleges or Universities (HBCUs) or other Minority-Serving Institutions (MSIs). HRSA staff will make this determination. No additional information is required of applicants.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2021. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

Further information will be available in the NOA.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

- 3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
 - Project overview.
 - Project impact.
 - Prospects for continuing the project and/or replicating this project elsewhere.
 - Publications produced through this grant activity.
 - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be included in the NOA.
- 5) **Attribution.** You are required to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Nandini Assar, Ph.D.
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4920
Email: nassar@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Isabel Nieto
Project Officer, Division of Nursing and Public Health
Attn: BHWET Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N130A
Rockville, MD 20857
Telephone: (301) 443-2351
Email: inieto@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).

Frequently Asked Questions (FAQs) can be found on the program website and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

Program Specific Definitions

Adolescent – a young person who is developing into an adult. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19.

APA-Accredited Programs – graduate psychology programs that have been accredited by the American Psychological Association. A listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

APA-Accredited Doctoral Internships – doctoral internships that have been accredited by the American Psychological Association. A listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

Children – persons under 18 years of age.

Digital Health Literacy – the ability to seek, find, understand, and assess health information from electronic sources and apply the knowledge gained to address or solve a health problem.

Experiential Training Sites – provide behavioral health direct patient or client training and undertake the following: improve behavioral health and primary care integration at site, allow for the trainee to participate in interprofessional team-based care with two or more health disciplines, and focus on populations in high need and high demand areas.

Health center – Community-based and patient-directed organizations that deliver accessible, affordable, quality primary health care services. Health centers often integrate access to pharmacy, mental health, SUD, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. These entities apply for or receive a Federal award under Section 330 of the Public

Health Service Act, as amended, including sections (e), (g), (h) and (i), section 330 subrecipients, and organizations designed as look-alikes.

Health disparities – differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.

Health Service Psychology – includes clinical psychology, counseling, and school psychology, or a combination thereof (source: APA).

High Need and High Demand Area – for purposes of this NOFO high need and high demand areas are identified as sites located within Mental Health Professional Shortage Areas (HPSAs) and/or a Facility Mental HPSA with a score of 16 or above, or within a geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP).

Internship – a type of training activity that can either be: a) a component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience. For doctoral psychology or school psychology internships, experiential training is considered an accredited 12-month supervised experience in health care settings.

Intimate Partner Violence (IPV) – describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.

Practice Psychology – per the APA, refers to the breadth of training and a blend of skills that a psychologist uses to provide a wide range of diagnostic, therapeutic, and consultative services.

Primary Care – the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. The term clinician refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients.

Professional counseling – includes accredited master's-level programs in counseling or a related clinical behavioral health field that includes a supervised clinical experience and leads to (state) licensure for independent practice.

Trainee Recruitment – activities to recruit trainees to participate in the training program. Recipients will recruit behavioral health professionals into their program. Please refer to the NOFO's program requirements when developing a recruitment plan.

Transitional Age Youth – individuals who are 16-24 years old, falling in between older adolescence (15-16) and young adulthood (24-26).

Underserved – for purposes of this NOFO, underserved and medically underserved are used interchangeably. See Medically Underserved Communities.