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 Paraprofessionals

Funding Opportunity Number: HRSA-21-090
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: April 12, 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: January 12, 2021

Nicole M. Wilkerson
Project Officer, Behavioral and Public Health Branch
Telephone: (301) 443-7759
Email: BHWET-Para@hrsa.gov

Authority: 42 U.S.C. §§ 294e–1 755(b)(1)(j) and 756(a)(4) of the Public Health Service Act

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Behavioral Health Workforce Education and Training (BHWET) Program for Paraprofessionals.

The purpose of the BHWET Program for Paraprofessionals is to develop and expand community-based experiential training such as field placements and internships to increase the supply of students preparing to become peer support specialists and other behavioral health-related paraprofessionals while also improving distribution of a quality behavioral health workforce. A special focus is placed on the knowledge and understanding of the specific concerns of children, adolescents, and transitional-aged youth in high need and high demand areas at risk for behavioral health disorders.

The BHWET Program for Paraprofessionals emphasizes establishing relationships with community based partners (e.g., emergency departments, faith-based organizations, first responders, judicial systems, health centers, social services, community policing organizations, recovery community organizations or other peer-based recovery support organizations), to increase access to behavioral health services to populations across the lifespan. The program will expand and improve access to quality treatment and foster an integrated approach to address behavioral health prevention, treatment, and recovery services, including but not limited to Opioid Use Disorder (OUD) and other substance use disorder (SUD), in high need and high demand areas.[1] The program also emphasizes developmental opportunities and educational support in interdisciplinary collaboration by utilizing team-based care in integrated, interprofessional behavioral health and primary care settings and recruiting a workforce interested in serving high need and high demand areas.

For the purpose of this NOFO, all training will be separated into two levels: Level I pre-service[2] (includes didactic and experiential field training) and Level II in-service[3] (includes training at a registered Department of Labor apprenticeship site). All paraprofessional training that does not fall under the definition of a registered apprenticeship will be defined as Level I pre-service training as further explained in Appendix A for more details.

Registered apprenticeships (Level II) is not a program requirement. Applicants are not required to implement Level II in their proposals to be considered eligible for this program and will be given full and equitable consideration during the review process.

Under this Notice of Funding Opportunity (NOFO), eligible applicants may submit a maximum of one application for the BHWET Program for Paraprofessionals for either the

[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).
[2] See **Appendix A** for a definition of pre-service of paraprofessional training.
[3] See **Appendix A** for a definition of in-service levels of paraprofessional training.

Level I pre-service training or both the Level I pre-service training and Level II in-service training.

Funding Opportunity Title:	Behavioral Health Workforce and Education Training (BHWET) Program for Paraprofessionals
Funding Opportunity Number:	HRSA-21-090
Due Date for Applications:	April 12, 2021
Anticipated Total Annual Available FY 2021 Funding:	Base award: Approximately $16,300,000 One-time funds: $8,000,000
Estimated Number and Type of Award(s):	Up to 43 grants
Estimated Award Amount:	Base award: • Up to $350,000 per year for programs only implementing Level I pre-service training. • Up to $500,000 for programs implementing Level I pre-service and Level II in-service training. One-time funds: • Approximately $216,000 Awards are subject to the availability of appropriated funds. See Section II. Award Information for more detail information.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2025 (4 years)

Eligible Applicants	State-licensed mental health nonprofit and for-profit organizations (See definition in Section VII). For the purpose of this NOFO, these organizations may include universities, community colleges, and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. Domestic organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible. Individuals are not eligible to apply under this NOFO. All current grant recipients funded under the FY 2017 BHWET Program are eligible to apply. See Section III.1 of this notice of funding opportunity for complete eligibility information.

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.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION 1

1. PURPOSE 1
2. BACKGROUND 2

II. AWARD INFORMATION 5

1. TYPE OF APPLICATION AND AWARD 5
2. SUMMARY OF FUNDING 6

III. ELIGIBILITY INFORMATION 6

1. ELIGIBLE APPLICANTS 6
2. COST SHARING/MATCHING 7
3. OTHER 7

IV. APPLICATION AND SUBMISSION INFORMATION 8

1. ADDRESS TO REQUEST APPLICATION PACKAGE 8
2. CONTENT AND FORM OF APPLICATION SUBMISSION 9
   - *i. Project Abstract 12*
   - *ii. Project Narrative 12*
   - *iii. Budget 20*
   - *iv. Budget Justification Narrative 21*
   - *v. Attachments 22*
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM) 25
4. SUBMISSION DATES AND TIMES 26
5. INTERGOVERNMENTAL REVIEW 26
6. FUNDING RESTRICTIONS 27

V. APPLICATION REVIEW INFORMATION 28

1. REVIEW CRITERIA 28
2. REVIEW AND SELECTION PROCESS 34
3. ASSESSMENT OF RISK 37

VI. AWARD ADMINISTRATION INFORMATION 38

1. AWARD NOTICES 38
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 38
3. REPORTING 39

VII. AGENCY CONTACTS 41

VIII. OTHER INFORMATION 42

APPENDIX A 45

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 Paraprofessionals.

Program Purpose

The purpose of the BHWET Program for Paraprofessionals is to develop and expand community-based experiential training to increase the supply of students preparing to become peer support specialists and other behavioral health-related paraprofessionals while also improving distribution of a quality behavioral health workforce. A special focus is placed on the knowledge and understanding of the specific concerns of children, adolescents, and transitional-aged youth in high need and high demand areas at risk for behavioral health disorders.

Program Goals

1. Establish relationships with community-based partners (e.g., emergency departments, faith-based organizations, first responders, judicial systems, health centers, social services, community policing organizations, recovery community organizations or other peer-based recovery support organizations to expand and improve access to quality behavioral health services including but not limited to OUD and other SUD prevention, treatment recovery services in high need and high demand areas.
2. Promote collaborative training by utilizing team-based models of care in integrated and interprofessional behavioral health and primary care settings.
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.

Program Objectives

1. Increase the number of experiential training sites to promote peer support specialists and other behavioral health-related paraprofessional student/trainee competencies around evidence-supported behavioral health including but not limited to OUD and other SUD prevention and treatment modalities used in integrated and interprofessional team-based practice settings. Experiential placements must include interdisciplinary training of two or more health disciplines using a team-based care approach to provide quality behavioral health services in high need and high demand areas.
2. Enhance didactic and experiential training activities through the development of competencies in primary and integrated team based trauma-informed care, for peer support specialists and other behavioral health-related paraprofessional students/trainees in Level I pre-service and/or Level II in-service training in a behavioral health-related paraprofessional field.
3. Establish community based 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, community education, career development, and provide job placement services.
4. Promote technology integration in the provision of peer support specialist and other behavioral health-related paraprofessional services and training programs, including utilizing telehealth services, implementing strategies to increase digital health literacy, and offering options for distance learning.
5. Reduce financial barriers for peer support specialists and other behavioral health-related paraprofessionals by providing financial support to trainees in the form of tuition/fees, supplies, and stipends.

HHS and HRSA Priorities

Combatting the opioid crisis is an HHS priority, and advancing the competencies of the health workforce is a HRSA priority. The BHWET program addresses these priorities by advancing the behavioral health competencies of the paraprofessional workforce across disciplines, and increasing the behavioral health workforce in high need and high demand areas, through collaboration with community based partnerships.

2. Background

This program is authorized by 42 U.S.C. §§ 294e and e–1. The BHWET Program was established in 2014 to: expand the behavioral health workforce by supporting professionals and paraprofessionals; increase access to behavioral health care services in mental health and substance abuse disorders; develop interprofessional training and integrate behavioral health into primary care; and implement experiential training serving children, adolescents, and transitional-aged youth. Over the years, its purpose has expanded to serve rural, vulnerable and medically underserved individuals across the lifespan, including those with substance use disorders. The program also supports 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; address behavioral health disorders including but not limited to OUD and other SUD services; and include technology integration through the use of telehealth, digital health literacy, and distance learning. For the BHWET Paraprofessional NOFO, stipend support is included for trainees and the new apprenticeship focus to operationalize the in-service training component. More information regarding the history of the BHWET Program and BHW's investments in behavioral health can be found on HRSA's website at: https://bhw.hrsa.gov/funding/apply-grant#behavioral-mental-health.

In recent years, the peer support services workforce has evolved to become an essential part of behavioral health treatment, family support, and primary care services.[4] Peer support specialists are increasingly being deployed to help those with mental health, opioid and other substance use disorders, and co-occurring behavioral health

[4] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. *An Assessment of Innovative Models of Peer Support Services in Behavioral Health to Reduce Preventable Acute Hospitalization and Readmissions Environmental Scan Report*.2015. https://aspe.hhs.gov/report/assessment-innovative-models-peer-support-services-behavioral-health-reduce-preventable-acute-hospitalization-and-readmissions/1-environmental-scan-report

conditions develop and maintain recovery-based goals and resiliency.[5] In this role they can help prevent unnecessary acute hospital admissions, avoid preventable readmissions, and lessen over-utilization of Emergency Department facilities.[6] The evidence base for these services is emerging, and different service models are expanding.[7]

In 2018, an estimated 10.3 million people aged 12 or older misused opioids in the past year, including 9.9 million prescription pain reliever misusers and 808,000 heroin users.[8] The percentage of people aged 12 or older in 2018 who were past year opioid misusers was lower than the percentages between 2015 and 2017, which was largely driven by declines in pain reliever misuse rather than by changes in heroin use.[9]

It is estimated that of the 38.6 million Americans with mental health disorders, 18.7 percent (7.2 million of 38.6 million) use prescription opioids.[10] Adults with mental health conditions receive 51.4% (60 million of 115 million prescriptions) of the total opioid prescriptions distributed in the United States each year.[11] The study also notes that compared with adults without mental health disorders, adults with mental health disorders were significantly more likely to use opioids.[12] In adjusted analyses, having a mental health disorder was associated with prescription opioid use overall.[13]

Mental health disorders are also associated with high levels of disability, high mortality rates, and lost health.[14] Between 2017 and 2018, eight of the 12 most frequently reported conditions among children 0-17 years of age were mental, behavioral, and developmental conditions, and 1 in 3 children had at least one adverse childhood experience (ACE), which is strongly related to health problems. Children of racial minorities and experiencing low socioeconomic status were at higher risk of experiencing two or more ACEs.[15]

Youth involvement in and exposure to violence is related to important psychosocial and behavioral outcomes, including using substances. 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 (e.g., youth who bully are more likely to bring guns to school). Intimate partner violence (IPV) is another byproduct of exposure to 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. Access to mental health and substance use disorder treatment services is one protective measure that lessens

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[5] Ibid
[6] Ibid
[7] Ibid
[8] Substance Abuse and Mental Health Services Administration (SAMSHA) *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*.2018. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
[9] Ibid
[10] Journal of the American Board of Family Medicine, *Opioid Use among Adults with Mental Health Disorders in the United States.* 2017. https://www.jabfm.org/content/30/4/407
[11] Ibid
[12] Ibid
[13] Ibid
[14] 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
[15] 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

the likelihood of experiencing violence and increasing resilience when a youth is exposed to violence. Additionally, resources and services provided by community agencies as well as connectedness to one's community have been demonstrated to increase community resilience.[16]

In comparison to non-rural areas, life expectancy is lower among populations 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. On average, there is a 45 percent higher rate of opioid overdose in rural communities 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, making these communities an important focus for mental and behavioral health investments.[17]

The primary care setting is the common point of entry to healthcare for patients in medically underserved communities and is the opportunity for diagnosing missed and/or untreated behavioral health disorders. Making behavioral health services available within the same settings as routine primary care services increases the likelihood that individuals will take advantage of them.[18] Integrated models of healthcare delivery not only include workforce partnerships between primary care and behavioral health services, but the valuable addition of paraprofessionals who work at the first stage of contact for patients.[19] Paraprofessionals continue to represent an under-utilized segment of the behavioral health workforce.[20] The scope of practice for peer support specialists and other behavioral-related paraprofessionals is wide and includes patient screening and education, advocating on behalf of the patient, coordination of care, provision of on-call crisis services, and linkage to additional services.

Over the next decade, it's projected that the demand for peer support specialists and other behavioral health-related paraprofessionals will continue to increase.[21] This will necessitate a workforce that is trained and prepared to meet these needs, which the workforce supply is on track to meet.[22] However, sustained investments in support of up-to-date, evidence-based training opportunities will be required to keep up with the dynamic nature of the behavioral health landscape.

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[16] 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

[17] 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

[18] National Rural Health Association. The Future of Rural Health. 2013. https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/FutureofRuralHealthFeb-2013.pdf.aspx

[19] National Council for Behavioral Health. *Center of Excellence for Integrated Health Solutions.* Updated 2020. https://www.integration.samhsa.gov/news/Eliminating_Behavioral_Health_Disparities_and_Improving.pdf

[20] Dormond, M. *Scope of Practice Alignment with Job Tasks for Paraprofessionals and Addiction Counselors*. 2017. http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/05/FA3P3_SOP-Parapro_Addiction-Couns_Full-Report_v2.pdf

[21] Health Resources and Services Administration, Bureau of Health Workforce, *Allied Health Workforce Projections, 2016-2030: Community Health Workers*.2019. https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/community-health-workers-2016-2030.pdf

[22] Health Resources and Services Administration, Bureau of Health Workforce, *Allied Health Workforce Projections, 2016-2030: Community Health Workers*.2019. https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/community-health-workers-2016-2030.pdf

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.[23] Additionally, offering options for distance learning can allow peer support specialists and other behavioral health-related paraprofessional students who may face barriers to receiving in-person didactic training continued learning. Telehealth can be an important tool for delivering services and resources to HRSA's target populations.

Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. 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/.

HRSA has a number of investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit here: 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 Paraprofessionals can be found in Section VIII.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

[23] 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

2. Summary of Funding

HRSA estimates approximately $16,300,000 to be available annually to fund approximately 43 recipients.

If you will be implementing only Level I pre-service training, you may apply for a ceiling amount (including both direct and indirect costs) of up to $350,000 total cost per year. If you will be implementing Level I pre-service and Level II in-service training, you may apply for a ceiling amount of $500,000 per year.

Additionally, HRSA estimates approximately $8,000,000 in additional one-time funds in the first year of the period of performance. You may apply for approximately $216,000. See Section IV.2.iv Budget Justification for more details.

The period of performance is September 1, 2021 through August 31, 2025. Funding beyond the first year is subject to the availability of appropriated funds for the BHWET Program in subsequent fiscal years, satisfactory recipient progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce a recipient's funding levels beyond the first year if it is unable to fully succeed in achieving the goals listed in the 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:

- State-licensed mental health nonprofit and for-profit organizations (see definition in Section VII). These organizations must be able to support programs for Level I pre-service, and Level II in-service, as applicable, training of peer support specialists and other behavioral health-related paraprofessionals.
- For the purposes of this NOFO, these organizations may include academic institutions, including universities, community colleges, and technical schools. Native American tribal organizations may meet this definition if appropriately licensed by an applicable Tribal government or political subdivision.

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.

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 agency, as specified by the U.S. Department of Education or must be approved by the state government to provide a behavioral health-related paraprofessional certificate program. Programs must be recognized by the state government(s) within the proposed geographic coverage of the training program, and information regarding state certification or licensure for the individuals completing these training programs must be included. Applicants must provide a copy of their active accreditation or active approval from the state government 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 any change in status.

The eligible state government entities include the 50 states, and 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, or the Republic of Palau.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $350,000 per year for Level I training and $500,000 per year for Levels I and II training 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 (MOE) information and submit as **Attachment 5**. HRSA will consider any application that fails to satisfy the requirement to provide MOE information non-responsive and will not consider it for funding under this notice.

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). Organizations where multiple programs are interested in applying under this funding announcement, you may collaborate across programs to submit a single application.

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 2** and **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 certificate program receiving the grant award in order to receive tuition and 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 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 included in the page limit may not exceed the equivalent of **80 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-21-090, 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. 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 14: 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:

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

1. Provide participant/trainee support for tuition, fees, supplies and stipends to peer support specialists and other behavioral health-related paraprofessional trainees for no less than six months and no more than 12 months;
2. Establish or expand the number of experiential training sites in high need and high demand areas, in order to recruit and place peer support specialists and other behavioral health-related paraprofessional trainees in these areas;
3. Recruit a workforce of peer support specialists and other behavioral health-related paraprofessionals 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;
4. 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;
5. Enhance the existing paraprofessional certificate program(s) through curriculum development or enhancement and inclusion of experiential learning in the form of field placements or internships including pre-service or in-service training to understand the specific concerns of the targeted population in behavioral health including but not limited to OUD and other SUD prevention, treatment and recovery services in high need and high demand areas;
6. At the time of application, applicants must already have in place at least one certificate training program in a behavioral health-related paraprofessional field. Examples of certificate programs include those that train individuals to become one of the following: peer support specialist, peer support counselor, community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions counselor, promotor/a, youth worker, and peer counselor (for full list of occupations see the definition in Section VIII);
7. The certificate program must provide Level I pre-service training that includes both didactic and experiential training in the form of a field placement in an integrated, interprofessional setting and provide a certificate upon completion to prepare trainees to enter the workforce immediately upon program completion. Trainees may be new to the field or may be peer support specialists or other behavioral health-related paraprofessionals who are already practicing and want additional credentials to advance their employability;
8. Establish community-based partnerships in high need and high demand areas (e.g. hospitals, crisis centers, emergency departments, state and local health departments, health centers, social services, faith-based organizations, community policing organizations, judicial systems, recovery community

organizations or other peer-based recovery support organizations to provide experiential training, career development, and job placement services to assist peer support specialists and other behavioral health-related paraprofessional trainees in obtaining employment following graduation from the program;

9. If implementing a Level II in-service registered apprenticeship training model, aim for at least 50 percent of the Level I program completers to enter into a Level II in-service registered apprenticeship program;
10. Promote the integration of behavioral health into primary care settings to improve access to quality behavioral health services, including but not limited to OUD and other SUD prevention, treatment and recovery, in high need and high demand areas;
11. Recruit a peer support specialists and other behavioral health-related paraprofessional 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;
12. 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;
13. 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;
14. Collect specified program and performance data and disseminate findings to appropriate audiences. Participate in program evaluations during and upon completion of the project period;
15. Collaborate regularly during the project period with other BHWET Program for Paraprofessional 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; and
16. Support career development in behavioral health and encourage career progression for behavioral health paraprofessionals, including but not limited to conducting OUD and other SUD prevention, treatment and recovery services.

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.

Level II in-service Registered Apprenticeships for Paraprofessionals –To improve recruitment and retention and support career development for trainees, the BHWET program encourages its paraprofessional programs to implement a training model that incorporates registered apprenticeships. For the purposes of this NOFO, and as described by the U.S. Department of Labor or a State Apprenticeship Agency, Level II in-service registered apprenticeship is a system of training behavioral health-related

paraprofessional trainees that receive on-the-job training once they have completed didactic and experiential field training and attained the required Level I pre-service certificate. Applicants who intend to utilize this training structure can find additional information and instructions in **Appendix A**.

Health Center Collaboration –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 program completers.

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 populations within the community.

Loan Repayment Programs – To reduce financial burdens that students and trainees may face, applicants can connect graduates to HRSA-sponsored SUD Treatment and Recovery (STAR) Loan Repayment Program sites. STAR is a HRSA program that provides loan repayment assistance for individuals working in a full-time substance use disorder (SUD) treatment job that involves direct patient care in a Health Professional Shortage Area (HPSA) designated for Mental Health or a county where the average drug overdose death rate exceeds the national average.

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 addressed, 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. 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 area of focus for the unmet need for behavioral health including but not limited to OUD and other SUD prevention, treatment and recovery services in high need high demand areas;
  - 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;
  - Describe the health needs of the target population(s) served by the proposed experiential training site(s);
  - 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 community based partnerships to improve health outcomes;
  - Detail the information regarding experiential training site(s) shown in *Table 1* and submit as **Attachment 4**;
  - Describe the current implementation of 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 populations within the community.

Table 1: Experiential Training Sites

Site Name	*Experiential Site Address (Example: XX Main Street, Town, State, Zip Code)*	*Number of Proposed BHWET Paraprofessionals Trained*	*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 https://www.ruralhealthinfo.org/am-i-rural*

- *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 sub-awarded funds or funds expended on contracts are properly documented.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*

  Describe the project's 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 peer support

specialists and other behavioral health-related paraprofessional trainees to serve populations in high need and high demand areas;
- The number of training positions that will be established to accommodate trainees in the behavioral health discipline(s) of focus and increase the training capacity of the 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; including but not limited to OUD and other SUD services;
- A plan to increase the number of experiential training sites within integrated and/or 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 disbursement plan for the provision of trainee support (stipends, tuition/fees, supplies) 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;
- 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;
- A plan for job placement services to assist students in obtaining employment in high need and high demand areas including specific development activities designed to help participants gain employability skills and work experience;
- As applicable, a strategy to assist trainees who complete Level I pre-service training to transition into a Level II in-service registered apprenticeship program and how you will aim for at least a 50 percent rate of transition into Level II from Level I; and
- A plan to collect student/trainees' required reporting information including program completers' one year post training completion activities.

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 NOFO, 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. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

- *(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 approaches that you will use to resolve such challenges.

  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 peer support specialists and other behavioral health-related paraprofessionals 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 service 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

  1. 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 at the following website: *https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.*

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 including but not limited to OUD and other SUD prevention, treatment and recovery services including trauma informed care to persons in high need and high demand areas;
- Number of trainees you plan to train and the number and demographics of the trainees trained during the four year period of performance;
- Number of program completers 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 program completers are employed in, including prior experiential training sites and high need and high demand areas;
- Number of field placement sites that address intimate partner violence, and youth violence, as applicable;
- Number of field placement sites that incorporate culturally competent practices into their delivery of care;
- Number and type(s) of organizations partnered with for experiential training and job placements;
- Types of job placement services offered and the number of trainees who receive employment opportunities as a result of these services; and
- For programs implementing Level II in-service training, the number and type of registered apprenticeships in which you plan to place Level I pre-service program completers.

- *(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 including but not limited to OUD and other SUD prevention, treatment and recovery services in high need and high demand areas;
  - 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 Section 4.1.iv of HRSA's SF-424 *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will 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.

Base Award: In addition, the BHWET Program requires the following for the base award amount:

- All applicants are required to prepare a budget for each of the funding years, not to exceed the 4-year period of performance. Prepare your budget based on the needs of your program per budget year.

  For programs only implementing Level I pre-service training – At least **60** percent of the total requested budget per year must be dedicated and distributed only as support to trainees in experiential training in the form of stipends, tuition/fees, and supplies. No more than 40 percent of total funding can be used for program management or other recipient activities.

  For programs implementing Level I and Level II training – No more than **50** percent of the total requested budget per year may be used for program management and other recipient activities, and at least 50 percent of total funding must be dedicated and distributed only as support to trainees in experiential training in the form of stipend, tuition/fees, and supplies.

Refer to Section 4.1.iv of HRSA's *SF-424 R&R Application Guide* for more details.

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, 2021 (P.L. 116-260), 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.

> ***Participant/Trainee Support Costs*:** List tuition/fees, supplies and stipends, and other participant/trainee support (e.g.; travel, and other), if applicable, and the number of participant/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: Other participant/trainee support (e.g.; travel and other) may be budgeted out of the administrative and management portion only.
> *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.

One-time Funds: For programs requesting one-time funds:

> You are required to provide a justification with a detailed itemized breakdown of costs. You must separate these costs from the base award. This section should show how you will utilize one-time funds during Budget Year One of the program to enhance and improve training for peer support specialists and other behavioral health-related paraprofessionals for the delivery of behavioral health including

but not limited to OUD and other SUD prevention, treatment and recovery services in high need and high demand areas. Examples include but are not limited to: planning and development for training of digital health literacy techniques, simulation equipment and related expenses, supplies, software, distance learning, telehealth equipment, and the development and/or purchase of on-line training modules. These investments shall prepare trainees to deliver behavioral health services in the widest range of modalities.

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.

Narrative Section	**Review Criteria**
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

v. *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 Experiential Training Sites and Contracts *(Required)*

Must consist of primary care and behavioral health integration, 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. 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: Level I Pre-Service 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. Amount: $_____	Estimated FY 2021 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Documentation of the Certificate Training Curriculum, Courses, and Prerequisites *(Required)*

Prerequisites for certificate programs for paraprofessionals must be, at a minimum, a high school diploma or GED, and the certificate must be able to lead to an associate's and/or bachelor's degree in the future, as applicable. For example, the certificate program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Include information about certificate curricula and prerequisites. Programs must be recognized by the state government(s) within the proposed geographic coverage of the training program, and information regarding state certification or licensure for the individuals completing these training programs must be included.

Attachment 7: Trainee Commitment Letter *(Required)*

Provide a copy of a trainee commitment letter template, through which trainees will commit to completing experiential training (and a registered apprenticeship, where applicable) and at minimum include willingness to provide award recipient with required reporting information including one year post training completion. The trainee commitment letter must also inform trainees of the consequences should they neglect to complete experiential training. The letter may also encourage students to commit to pursuing employment working with persons in high need and high demand areas after their training ends.

Additionally, the commitment letter must include how stipends will be disbursed and address the potential impact of stipend support on the trainee's financial aid award. Trainees receiving support through the BHWET program should be informed in advance of the institution's financial aid policies.

Attachment 8: 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 9: **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 10: 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 you will ensure proper documentation of funds.

Attachment 11: Request for Funding Preference or Priority *(As Applicable)*

To receive a funding preference or priority, include a statement that you are eligible for a funding preference, identify the preference or priority, and include documentation of this qualification, as outlined in Section V.2.

Attachment 12: Memorandum of Understanding with Level II In-service Registered Apprenticeship Site *(As Applicable)*

Provide an MOU with at least one apprenticeship program that will fulfill, at a minimum, the stated Partnering Apprenticeship Requirements. If, at the time you submit your application you have not yet established a relationship with a registered apprenticeship site, you will be allowed a maximum of 12 months from the date of your award to develop an MOU and submit it to HRSA.

Attachment 13: Level II In-Service Training Site Documentation *(As applicable)*

Provide a description of the apprenticeship training sites as shown in Table 2, found in Appendix A.

Attachment 14: 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. At a future, to-be-determined date, 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 pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

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 *April 12, 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 for Paraprofessionals 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 H of the Further Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

Base Award Funds:

a. Period of Performance Funding

You may request funding for a period of performance of up to four years, at no more than $350,000 per year for only Level I training programs and $500,000 per year for Level I and Level II training programs (both of which are 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. Participant/Trainee Support and Stipends

Stipends are subsistence allowance for trainees 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 one year (12 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 two years (24 months).

Grant recipients are required to provide stipends in the following amounts:

- $5,000 for stipends per Level I behavioral health paraprofessional trainee; and
- $7,500 for stipends per Level II behavioral health paraprofessional trainee during registered apprenticeship.

Additionally, grant recipients may provide up to $3,000 for tuition/fees and supplies per behavioral health-related paraprofessional trainee.

c. Administration and Management

No more than 40 percent (50 percent for Level II in-service programs, if applicable) 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**

b. **Foreign travel**

c. **Fringe Benefits for Trainees**

Liability insurance, unemployment insurance, life insurance, taxes, retirement plans, or other fringe benefits for trainees are not allowable costs under this grant.

d. **Accreditation Costs**

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

Please note: Funding restrictions for HRSA recipients and subrecipients regarding prohibition on certain telecommunications and video surveillance services or equipment are located at 2 CFR § 200.216. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

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 Paraprofessionals 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 factors contributing 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 if:

- The data in *Table 1* indicates that the experiential field placement site(s) is/are located in Mental Health Professional Shortage Areas (HPSAs) or is/are 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 field placement 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. Reviewers will apply a score of ***only zero or five*** to criterion 1(a).

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;
- 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;
- Measurable gaps in the delivery of behavioral health including but not limited to OUD and other SUD prevention, treatment and recovery services in high need high demand areas for the defined population and specific to the purview of the behavioral health paraprofessional field 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
- Describe 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 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 project 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 the applicant 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 training that integrates primary care;
- Demonstrates expanded/enhanced clinical training that will measurably impact the number of paraprofessionals trained with a focus on the provision of behavioral health including but not limited to OUD and other SUD prevention, treatment and recovery services to persons in high need and high demand areas;

- Demonstrates the extent to which training opportunities prioritize cultural and linguistic competency;
- Demonstrates the direct connection between the certificate offered and the support needed within the population served, including future career ladder opportunities stemming from the proposed program (i.e., how the certificate can lead to an associate's or bachelor's degree);
- Demonstrates successful, innovative strategies to provide career development and job placement services to assist trainees in obtaining employment following the certificate program, including specific development activities, utilizing registered apprenticeship models if applicable, and assisting participants in finding employment;
- Demonstrates the ability to administer the program and provide meaningful financial support to trainees;
- Demonstrates strong relationships with external partners, such as non-profit and public organizations 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 program completers;
- Demonstrates how community based partnerships will result in support and leveraged resources to recruit, train and place paraprofessionals;
- Describes recruitment and retention strategies to ensure participation of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations; and
- As applicable, describes a strategy to assist trainees who complete Level I pre-service (didactic and experiential) training to transition into a Level II in-service (registered apprenticeship) and aim for at least a 50 percent rate of transition into Level II from Level I.

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, retention, education, training and placement of trainees in high need and high demand areas;
- Describes obstacles to identifying and collaborating with experiential training sites with the focus on behavioral health modalities including but not limited to OUD and other SUD prevention, treatment and recovery services 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 between community based partnerships, other BHWET recipients, experiential training sites, 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 scope; and
- Provides evidence of support and commitment by community based partnerships serving persons in high need and high demand areas, and providing job placement for trainees.

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 research 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;

- Describes, clearly and concisely, the number of trainees and the cost per trainee;
- For the projects only implementing Level I pre-service (didactic and experiential) training, demonstrates a budget that includes at least 60 percent of funds for only trainee support (Tuition/Fees, Supplies and Stipends); or
- For the projects implementing Level II in-service (registered apprenticeship) training, demonstrates a budget that includes at least 50 percent of funds for trainee support (Tuition/Fees, Supplies and Stipends);
- For the projects requesting one-time funds, the budget justification clearly separates out these costs from the base award; and
- The extent to which the application 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 Priorities
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). A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff reviews and scores the Funding Priority. The BHWET Program for Paraprofessionals has one funding priority:

Priority 1: Role of the family and lived experience of the consumer and family-paraprofessional partnership (5 Points)
You will be granted a funding priority if your program emphasizes the role of the family and lived experience of the consumer and family-paraprofessional partnerships. To qualify for this priority, applicants must request the priority in the Project Abstract and submit as **Attachment 11** any information and/or data as evidence that they meet this requirement.

Funding Preferences
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 preferences, 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 program completers 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 program completers in such settings (**Qualification 2** as described below); or
- Qualification 3 serves as a pathway for new programs (defined in 42 U.S.C. § 295j(c)(2) (Section 791(c)(2) of the PHS Act) as those having graduated fewer than three cohorts) to compete equitably. New programs that meet at least four of the criteria described under **Qualification 3** below shall qualify for a funding preference under this section.

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 11** 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 program completers 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 11.**

Program Completer(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine program completer's practice in medically underserved communities: https://data.hrsa.gov/ **Medically Underserved Communities (MUCs)** • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$$\text{High Rate} = \frac{\begin{array}{c}\text{\# of Program Completers in AY18-19 Employed in MUCs} \\ \text{Plus} \\ \text{\# of Program Completers in AY19-20 Employed in MUCs}\end{array}}{\begin{array}{c}\text{Total \# of Program Completers in AY 18-19} \\ \text{Plus} \\ \text{Total \# of Program Completers in AY 19-20}\end{array}} \times 100$$

- **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 program completers in such settings. Applicants who wish to request funding preference under this qualification demonstrate a twenty five (25) percent increase of placing program completers 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 11** the following documentation:

Program Completer(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine program completer's practice in medically underserved communities: https://data.hrsa.gov/ **Medically Underserved Communities (MUCs)** • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$$\text{Significant Increase} = \frac{\begin{array}{c}\text{\# of Program Completers in AY19-20 Employed in MUCs} \\ \text{Minus} \\ \text{\# of Program Completers in AY18-19 Employed in MUCs}\end{array}}{\text{Total \# of Program Completers in AY 19-20}} \times 100$$

Total # of Program Completers in AY 18-19

- **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 completed less than three classes. Applicants who wish to request a funding preference under Qualification 3 must submit as **Attachment 11** documentation that they have graduated less than three cohorts and meet at least four of the following criteria:

  a) The training organization's mission statement includes preparing behavioral health paraprofessionals 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 program completers find positions in MUCs.

To award the funding preference, HRSA staff will review data submitted in **Attachment 11**, and will determine whether the applicant meets the preference. Applications 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.

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 September 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*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

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 § s75.322(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 FAPIIS, as required in 45 CFR part 75 Appendix XII.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-8056
Email: wweisenberg@hrsa.gov

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

Nicole M. Wilkerson
Project Officer, Division of Nursing and Public Health
Attn: BHWET Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N94A
Rockville, MD 20857
Telephone: (301) 443-7759
Email: BHWET-Para@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 10-19.

Behavioral Health-Related Paraprofessional – an individual who is not a mental or behavioral health service professional, but who works at the first stage of contact with individuals and families who are seeking mental or behavioral health services, including substance abuse prevention and treatment services. This job classification includes occupations such as mental health worker, peer support counselor, peer support specialist, community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotor/a, recovery coach, recovery manager, recovery mentor, recovery support specialist, and recovery coach/guide.

Certificate – a process by which an agency or organization validates, based upon predetermined standards, an individual paraprofessional's qualifications and knowledge for program completion and practice.

Children – persons under 18 years of age.

Community education - also known as community-based education or community learning and development, is an organization's programs to promote learning and social development work with individuals and groups in their communities using a range of formal and informal methods. A common defining feature is that programs and activities are developed in dialogue with communities and participants. The purpose of community learning and development is to develop the capacity of individuals and groups of all ages through their actions, the capacity of communities, to improve their quality of life. Central to this is their ability to participate in democratic processes.

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. The following link provides more information on health literacy: https://targethiv.org/library/health-literacy-resource-guide

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 – for the purposes of this NOFO, the term "health center" means organizations funded under Section 330of the Public Health Service Act, as amended, including sections (e), (g), (h) and (i) and Health Center Program look-alikes. (Health Center Program award recipients). Health centers are 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.

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

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) as found in the Am I Rural tool https://www.ruralhealthinfo.org/am-i-rural.

Institution – a single campus of a multi-campus university system, a single department or agency of a state or local government, or other separate legal entity, and is defined as an organization with a single Employer Identification Number (EIN).

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.

Intimate Partner Violence (IPV) – describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. Can have both direct and indirect effects on individual, family, and community health.

Registered Apprenticeship Program – a Registered Apprenticeship Program (RAP) is a proven model of apprenticeship that has been validated by the U.S. Department of Labor or a State Apprenticeship Agency. An apprenticeship is a proven approach for preparing workers for jobs while meeting the needs of business for a highly-skilled workforce. It is an employer-driven, "learn-while-you-earn" model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national skills standards.

State-licensed mental health nonprofit and for-profit organization – these organizations include, but are not limited to, entities licensed or certified by an authorized political subdivision or instrumentality of a State to provide training in mental health, including those organizations with a scope of practice including but not limited to OUD and other SUD prevention, treatment and recovery services. For the purposes of this NOFO, these organizations may include academic institutions, including universities, community colleges, and technical schools. Native American tribal organizations may meet this definition if appropriately licensed by an applicable Tribal government or political subdivision.

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

Appendix A

The following diagram represents the ideal training model for registered apprenticeships. Registered apprenticeships are not a program requirement but, for the purposes of this NOFO, all paraprofessional training that does not fall under the definition of a registered apprenticeship will be defined as Level I pre-service training.

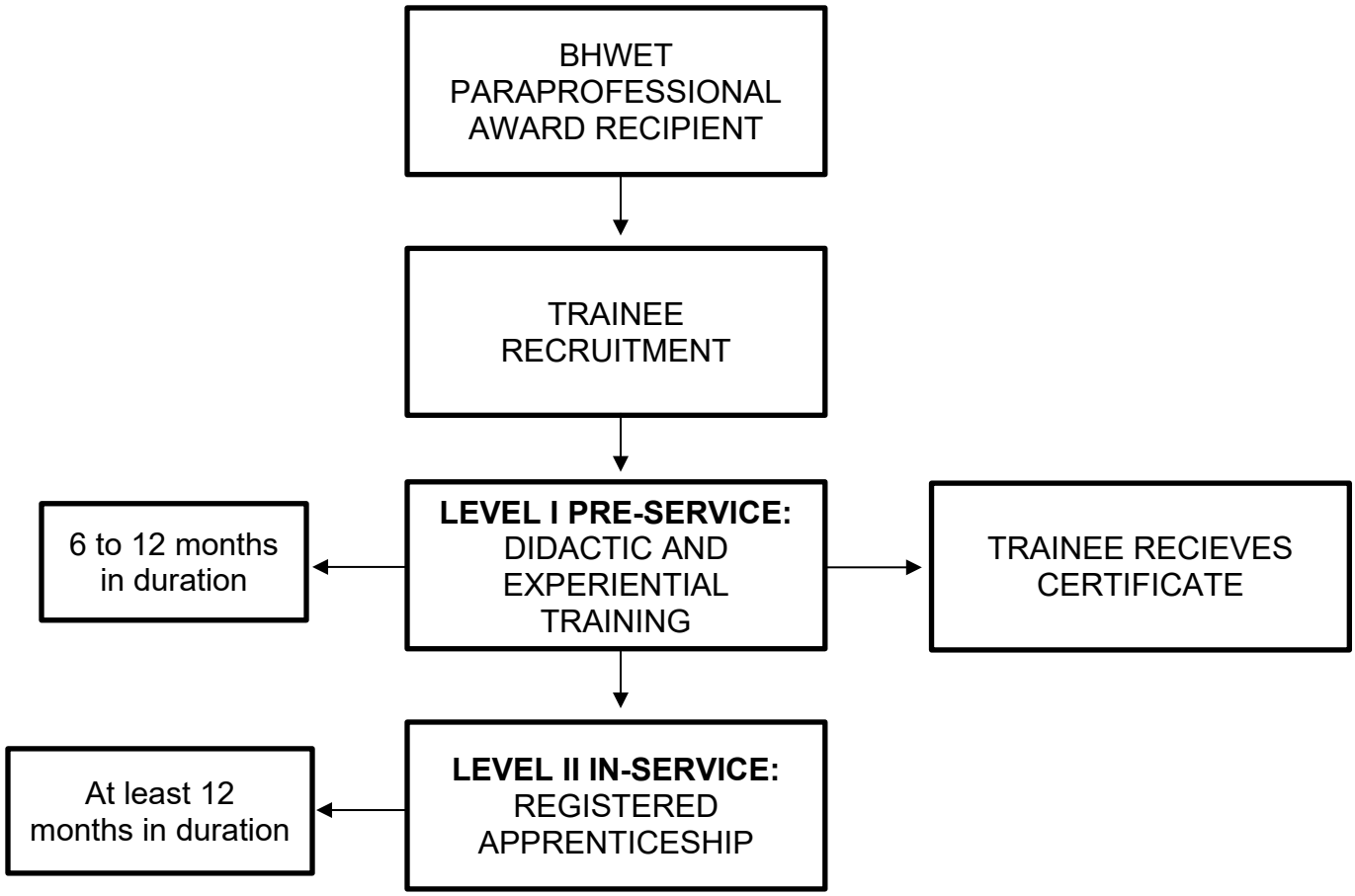

Table 2: Registered Apprenticeship Sites

Apprenticeship Site Name	*Apprenticeship Site Address (Example: XX Main Street, Town, State, Zip Code)*	*Unique Identifier of BHWET Apprentice (list each trainee)*	*Number of apprenticeship hours*	*BHWET Apprentice Occupation Name*

BHWET Paraprofessional Award Recipient – The applicant organization carrying out the training program.

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

Didactic and Experiential Training – This is defined as Level I pre-service training and consists of BHWET's core six to 12 month training requirement, described in detail in the NOFO Program Requirements section.

Trainee Receives Certificate – All BHWET Paraprofessional training programs must offer a certificate to trainees upon program completion, which should prepare the trainee to apply for certification. Once a trainee completes Level I training and receives a certificate, these trained paraprofessionals are known as Level I pre-service program completers.

Registered Apprenticeship – This is defined as Level II in-service training. The Department of Labor describes an apprenticeship as a proven approach for preparing workers for jobs while meeting the needs of business for a highly-skilled workforce. It is an employer-driven, "learn while you earn" model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national skills standards. Only Level I program completers will be eligible to participate in a registered apprenticeship. The recipient will aim for at least 50 percent of the Level I program completers to enter into a registered apprenticeship program. The apprentice will sign a commitment letter that describes the training relationship, including the expectations of the registered apprenticeship site and the role of the apprentice. The award recipient will serve as the liaison between the Level II apprentice and the registered apprenticeship training program.

The duration of Level II apprenticeships will be a minimum of 12 months. The recipient is responsible for tracking the apprenticeship status of the student apprentice. Applicants must include information about the apprenticeship site as Table 2. You must provide data for each Level II apprentice placed in a registered apprenticeship, the location(s) of your apprenticeship site(s) and other pertinent information. All data provided is subject to verification.

Registered apprenticeship sites will also participate in integrated, interprofessional team-based practices that aim to integrate behavioral health services into primary care. Behavioral health-related paraprofessional student trainees in Level I pre-service that transition into Level II in-service will have an opportunity to apprentice in State-licensed mental health nonprofit and for-profit organizations such as school-based clinics, adolescent health clinics, adolescent SUD treatment facilities, and other venues that will build their experience in interprofessional, interdisciplinary team-based settings that assist into career placements for program completers.

The recipient may develop their own registered apprenticeship program or they can establish a partnership with an existing registered apprenticeship program. Registered apprenticeship programs must be registered with the Department of Labor or with a State Apprenticeship Agency. To become a registered apprenticeship program or partner with one, please refer to the Department of Labor's apprenticeship toolkit. This

toolkit provides helpful steps and resources to start and register an apprenticeship program. https://www.doleta.gov/oa/employers/apprenticeship_toolkit.pdf.

You must submit, as **Attachment 12**, a memorandum of understanding (MOU) with the apprenticeship sites that meet the criteria. If, at the time, you submit your application and have not yet established a relationship with an apprenticeship site, you will be allowed a maximum of 12 months from the date of your notice of award to develop an MOU and submit it to HRSA.

For an apprenticeship site to be eligible as a BHWET partner, the MOU must state that the site:

1. Is an approved intermediary or single employer sponsor through the Department of Labor and is able to deliver related training through on-the-job learning to advance the BHWET apprentices' knowledge, skills, and expertise. Visit https://www.dol.gov/apprenticeship/;
2. Provides behavioral health support services either directly or through formal or written agreement;
3. Will host an identified number of apprentices in academic years 2021-2025 and evaluate the apprentices' performances and the patient outcomes directly correlated with their services at least annually;
4. Will identify the timeframe in which the BHWET apprentice will complete the apprenticeship program. For example, the apprentice will complete at least 12 months of on the job training at an apprenticeship site;
5. Will identify a preceptor/mentor and the role they will play in providing wraparound services to trainees while they are in the apprenticeship program; and
6. Will identify a point of contact that will act as a liaison for the apprenticeship site and the BHWET recipient.

If your entity is an already established apprenticeship site, you must submit official documentation (e.g., certificate of approved registration) from the Department of Labor.