U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Health Workforce

Division of Medicine and Dentistry

Teaching Health Center Planning and Development Program

Funding Opportunity Number: HRSA-23-015

Funding Opportunity Type(s): New

Assistance Listings Number: 93.530

Application Due Date: December 12, 2022

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 may take up to 1 month to complete.

Issuance Date: October 13, 2022

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See for a complete list of agency contacts.

Authority: Section 749A of the Public Health Service Act (42 U.S.C. 293*l*-1) and Section 2604 of the American Rescue Plan Act of 2021 (P.L.117-2).

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Teaching Health Center Planning and Development (THCPD) Program. The purpose of this program is to make awards to establish new accredited community-based primary care residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, or geriatrics to address shortages in the primary care physician and dental workforce in rural and underserved communities.

The THCPD program aims to increase primary care residency training in community-based patient care settings by providing funds to support the development of new programs in these settings, which are often located in underserved areas where resources may not be easily attainable. As such, THCPD funding may be utilized to establish new primary care residency programs

The new community-based residency programs will: (1) achieve accreditation through the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA), (2) develop a sustainability plan through public or private funding beyond the THCPD period of performance, and (3) track residents' career outcomes post-graduation, including but not limited to retention in rural and/or underserved communities.

Funds will support planning and development costs accrued incurred while establishing new accredited primary care residency programs.

Community-based ambulatory patient care centers are eligible to apply for a grant award.

Funding Opportunity Title:	Teaching Health Center Planning and Development Program
Funding Opportunity Number:	HRSA-23-015
Due Date for Applications:	December 12, 2022
Anticipated FY 2023 Total Available Funding:	$23,500,000
Estimated Number and Type of Awards:	Approximately 47 grants
Estimated Award Amount:	Up to $500,000 fully funded in Year 1 for the 2-year period of performance

Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2023, through March 31, 2025 (2 years)
Eligible Applicants:	Eligible applicants are community-based ambulatory patient care centers which include, but are not limited to: • Federally qualified health centers; • Community mental health centers; • Rural health clinics; • Health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization; or • An entity receiving funds under title X of the Public Health Service Act. OR A community-based ambulatory patient care center that has collaborated to form a community-based GME consortium See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar 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 to learn more about the resources available for this funding opportunity.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Teaching Health Center Planning and Development (THCPD) Program.

The purpose of this grant program is to make awards to establish new accredited community-based primary care medical or dental residency programs and residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, or geriatrics to address shortages in the primary care physician and dental workforce shortages and challenges faced by in rural and underserved communities.

This NOFO will support the establishment of approved graduate medical and dental residency training programs for physicians and dentists.

This program aims to increase primary care physician and dental residency training in community-based patient care settings by providing funds to support the development of new programs in these settings, which are often located in underserved areas where resources may not be easily attainable. As such, THCPD funding may *only* be utilized to support the development of new physician and dental accredited residency programs within the disciplines listed above and throughout this NOFO.

Program Goal

The goal for the THCPD program is for each recipient to establish a new community-based residency program that is accredited by the Accreditation Council on Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA) and has a strong sustainability plan for a stable future financial outlook by the end of the period of performance. All THCPD program recipients should be capable of effectively training physician and/or dentist residents to practice in and meet the clinical needs of rural and underserved populations. As a result, the proportion of graduates from these programs entering careers in practices primarily serving rural and underserved populations is expected to markedly exceed that seen in other residency training programs.

Funds provided through the THCPD program may be used to support the costs of establishing community-based residency program. This includes costs associated with curriculum development; recruitment, training and retention of residents and faculty; resident stipends (after accreditation has been achieved) for a period of up to one year during the 2-year period of performance; accreditation by the ACGME or CODA; and faculty salaries during the development phase.

Program Objectives

1) Medical and Dental Residency Program Development – develop a new accredited community-based residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and

gynecology, general dentistry, pediatric dentistry, or geriatrics that is ready to begin training its first class of residents no later than the academic year (AY) immediately following the end of the THCPD period of performance. In addition, programs should:

    A. Provide interprofessional training specific to the needs of their community which may include training with behavioral health professionals and health support workers, nutrition specialists, and pharmacists;

    B. Aim to decrease health care disparities by identifying and immersing trainees in the care of special populations that will be served by the training program such as members of tribal communities, Veterans, people living with HIV, patients who are uninsured or underinsured, patients with substance use disorders, and

    C. Address other known challenges specific to Teaching Health Center residency programs including, but not limited to, having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

2) Program Sustainability – have a clearly defined, factual, and feasible sustainability plan that includes one or more ongoing funding stream(s) to sustain long-term resident training once the program is established through the following options: Sustainability plans may include public support (such as federal and state support) and private support.

    A. State or other public and/or private support,

    B. Combination of multiple funding streams (e.g., a mix of Department of Veterans Affairs, Indian Health Service, or other public funding)

Refer to Section IV.2.ii Project Sustainability for further details.

For more details, see Program Requirements and Expectations.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to resident and faculty training.

2. Background

This program is authorized by Section 749A of the Public Health Service Act (42 U.S.C. 293*l*-1) and funded by Section 2604 of the American Rescue Plan Act of 2021 (P.L. 117-2).

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 15,210 FTEs between 2018 and 2030, which is a 13 percent increase in need.[1]. The demand for dentists is projected to grow by 14,320 FTEs – from 151,170 in 2017 to 165,490 in 2030 - a 9 percent increase in need. The NCHWA also notes that the number of obstetrics and gynecology physicians is expected to decrease from 50,850 to 47,490 (7%), while demand is projected to increase from 50,850 to 52,660 (4%) by 2030.[2] With the aging of the population, NCHWA also projects that the demand for geriatricians is projected to exceed supply, resulting in a national shortage of 26,980 FTEs in 2025.[3] Primary care physician workforce shortages persist due to multiple factors including growth in the U.S. population, aging of the physician workforce, and limited physician training capacity.[4] In recent years, there has been a 33% medical student growth without enough residency slots available.[5]. Since all physicians must complete an accredited U.S. medical residency program in order to practice independently, increasing the number of residency programs is critical for health workforce growth.

Section 749A of the PHS Act addresses these needs by authorizing development grants to cover the cost of establishing accredited primary care residency programs in community-based settings. The THCPD program provides funding to support costs associated with curriculum development, recruitment, training and retention of residents and faculty, accreditation, and faculty salaries during the development phase of the eligible residency programs. Supporting the development of new community-based ambulatory residency programs will have a direct impact on increasing health care providers in rural and underserved areas. It is part of the Administration's commitment to addressing longstanding health inequities and expanding the pipeline of health care providers serving rural and underserved communities.

Findings from HRSA's Teaching Health Center Graduate Medical Education (THCGME) program (authorized by Section 340H of the PHS Act), which provides payments to support primary care medical and dental residency training in community-based ambulatory outpatient care settings, demonstrate the increased likelihood that residents

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[1] Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, Health Workforce Projections https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed online 7/12/2022

[2] Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Health Workforce Projections https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed online 7/12/2022

[3] National and Regional Projections of Supply and Demand for Geriatricians 2013-2025 (hrsa.gov) Accessed online 7/12/2022

[4] Ltd, I. M. (2021). *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034.* Washington, DC: Association of American Medical Colleges

[5] Boyle, P. (2020). Association of American Medical Colleges. Retrieved from https://www.aamc.org/news-insights/medical-school-enrollments-grow-residency-slots-haven-t-kept-pace

who train in health center settings are more likely to practice in underserved settings after graduation. Since the program began in FY 2010, the THCGME Program has graduated 1,731 new primary care physicians and dentists. Cumulative follow-up data of all graduates since the program began indicate that 65 percent of physicians and dentists are currently practicing in a primary care setting and approximately 56 percent are currently practicing in a medically underserved community and/or rural setting.[6]

In FY 2022, the THCPD program provided funding to 47 community-based ambulatory patient care settings to establish new primary care residency programs. The programs, located across 26 states, are developing new accredited primary care residency programs in family medicine, internal medicine, pediatrics, psychiatry, general dentistry and pediatric dentistry.

In addition to supporting THCPD award recipients, HRSA funds a Teaching Health Center Planning and Development Technical Assistance (THCPD-TA) Center. The THCPD-TA Center, awarded by HRSA-22-108[7],[8] provides TA, tools, and resources to current and future THCPD Program award recipients to help overcome challenges and barriers involved in developing new community-based residency programs and to achieve program accreditation. The THCPD-TA Center will provide consultation and guidance assistance in achieving ACGME and CODA accreditation, curriculum development, faculty recruitment and development, clinical and community partnerships, resident recruitment, examining and explaining sustainable pathways of funding (e.g., federal, state, or private funding), and sharing successful strategies of other community-based residency programs. THCPD-TA Center resources are available at https://www.thcgme.org/. All THCPD recipients are required to collaborate with the TA program during the period of performance of this NOFO.

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the Health Workforce Glossary. In addition, the following definitions apply to the THCPD Program for Fiscal Year 2023:

1) **Approved graduate medical residency training program** – Per section 340H(j)(1) of the PHS Act [42 U.S.C. § 256h(j)(1)]) a residency or other postgraduate medical training program is defined as: 1) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and 2) meets criteria for accreditation as established by the Accreditation Council for Graduate Medical Education or the American Dental Association's Commission on Dental Accreditation.

2) **Area Health Education Center (AHEC) Program**– As defined in Title VII, Section 799B(13) of the PHS Act [42 U.S.C. § 295p(13)], the term ''area health education center program'' means cooperative program consisting of an entity that has received an award under subsection (a)(1) or (a)(2) of section 751 [42

[6] https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-outcomes-2020-2021.pdf.
[7] https://www.hrsa.gov/grants/find-funding/hrsa-22-108
[8] https://bhw.hrsa.gov/funding/teaching-health-center-planning-development-awards

U.S.C. § 294a] for the purpose of planning, developing, operating, and evaluating an area health education center program and one or more area health education centers, which carries out the required activities described in section 751(c) [42 U.S.C. §294a(c)], satisfies the program requirements in such section, has as one of its principal functions identifying and implementing strategies and activities that address health care workforce needs in its service area, in coordination with the local workforce investment boards.

3) **Graduate Medical Education Consortium** – A collaboration between a community-based, ambulatory patient care center and community stakeholders (e.g., critical access hospitals (CAHs), academic health centers, universities and/or medical schools, teaching hospitals), to form an entity that serves as the institutional sponsor of, and operates, an accredited primary care residency program. The community-based ambulatory patient care center plays an integral role in the academic, financial, and administrative operations of the residency program, as well as in the academic and clinical aspects of the program including, but not limited to: curriculum development, scheduling of clinical rotations, and selection of faculty, support staff and residents. The relationship between the eligible entity and the other organizations that form the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

4) **National Provider Identifier (NPI)** – The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. Additional information about NPIs can be found at the following site: https://nppes.cms.hhs.gov/#/.

5) **Primary care residency program** - As defined in section 749A(f)(2) of the PHS Act [42 U.S.C. §293l-1(f)(2)], an approved graduate medical residency training program (as defined in section 340H) in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics.

6) **Teaching Health Center (THC)** – As defined by section 749A(f)(3) of the PHS Act [42 U.S.C. 293l-1(f)(3)]), a community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act.

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.

2. Summary of Funding

HRSA estimates approximately $23,500,000 to be available to fund approximately 47 recipients. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct costs and indirect costs (facilities and administrative costs) for the entire 2-year period of performance. The period of performance is April 1, 2023, through March 31, 2025 (2 years). Awards are fully funded at the outset for use over the period of performance.

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

III. Eligibility Information

1. Eligible Applicants

Applicants must meet all of the following criteria in order to be considered eligible for THCPD funding. Applicants that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

An eligible entity is **a community-based ambulatory patient care center** that:

   i. Will operate an accredited primary care residency program. Specific examples of eligible outpatient settings include, but are not limited to:
   - Federally qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. 1396d(l)(2)(B)];
   - Community mental health centers, as defined in section 1861(ff)(3)(B) of the Social Security Act [42 U.S.C. 1395x(ff)(3)(B)];
   - Rural health clinics, as defined in section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)];
   - Health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act [25 U.S.C. 1603]); and
   - An entity receiving funds under Title X of the PHS Act.

The list of entities above is not exhaustive, but does reflect the intent of the program to provide training in community-based settings such as those served by the institutions listed.

OR

ii. Has collaborated to form a community-based **GME consortium** that will operate an accredited primary care residency program.

In order to satisfy accreditation, academic and administrative responsibilities, a community-based ambulatory patient care center may form a GME consortium with stakeholders (e.g., critical access hospitals, academic health centers, universities and/or medical schools) where the GME consortium will serve as the institutional sponsor of an accredited primary care residency program. The relationship between the community-based ambulatory patient care center and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

Within the consortium, the community-based ambulatory care center is expected to play an integral role in the academic, financial, and administrative operations of the residency. THCPD payments must be used to support residency planning and development activities at the ambulatory training site.

Entities that are not community-based ambulatory patient care centers, such as teaching hospitals, health care systems and/or networks, and academic institutions, are **not** eligible to apply for THCPD funding under this NOFO, although they may be part of a GME consortium, as described above.

B. Eligible Primary Care Residency Programs

Only specific residency training programs for physicians and dentists are eligible. According to statute (section 749A(f)(2) of the PHS Act [42 U.S.C.293l-1(f)(2)]), "primary care residency program" refers to a graduate medical or dental education residency training program in:
* Family Medicine
* Internal Medicine
* Pediatrics
* Internal Medicine-pediatrics
* Obstetrics and Gynecology
* Psychiatry
* General Dentistry
* Pediatric Dentistry
* Geriatrics

C. Accreditation/Institutional Sponsorship

The eligible community-based ambulatory patient care center (whether individually or as part of a GME consortium) must propose to develop a new accredited residency program in one of the eligible primary care specialties. Once accreditation is achieved, the community-based ambulatory patient care setting or GME consortium must be listed as the institutional sponsor by the relevant accrediting body (i.e. ACGME or CODA) and named on the program's accreditation documentation.

Entities applying to develop new residency programs that have achieved initial ACGME or CODA accreditation for a residency program(s) in the above specialties by the THCPD application closing date are **not eligible** to receive THCPD funding.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount of $500,000 total cost

- Fails to satisfy the deadline requirements referenced in Section IV.4.

NOTE: Multiple applications from an organization are allowable. Entities seeking THCPD funding to support multiple new residency programs MUST submit a separate application for each individual residency program. If an entity is submitting multiple applications for different residency programs, please include a unique name for each training program in the project abstract to differentiate between applications.

HRSA will consider an application from a current recipient of HRSA's Rural Residency Planning and Development (HRSA-22-094) _**only**_ if it is for a different RRPD specialty.

Eligible applicants may apply to both HRSA-23-037 Rural Residency Planning and Development and HRSA-23-015 Teaching Health Center Planning and Developing Program, however HRSA may only make one award.

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.

Failure to include all required documents as part of the application will result in an application being considered incomplete or non-responsive.

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 Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-015 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

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *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 this NOFO and HRSA's *SF-424 R&R Application Guide*. 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 the HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **65 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.

- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-015, 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.

➢ HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-015 before 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. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 6: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program Requirements and Expectations

Applicants are required to be a community-based ambulatory patient care center (individually or as part of a community-based GME consortium) that will establish a newly accredited community-based primary care residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, or geriatrics. Grantees (or consortia)

are expected to achieve accreditation by ACGME or CODA and have a strong sustainability plan for a stable future financial outlook by the end of the period of performance.

By the end of the period of performance, award recipients will be expected to submit:

- Documentation of ACGME or CODA accreditation status and plans for future accreditation review and status maintenance.

- Detailed professional certification, training profile, and planned time dedicated to residency supervision and training of residency program leadership (e.g. Program Directors/Associate and Assistant Program Directors) and Key Clinical Faculty, in line with the current ACGME or CODA accreditation requirements for these positions.

Program-Specific Instructions

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:

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See Form Alert in Section IV.1 of this NOFO. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

In addition to the SF-424 R&R Application Guide requirements, the project abstract form must include the following information below. The project abstract must be single-spaced and no more than one page in length.

Abstract Heading Content:
   a. Eligible Entity Type - state the type and name of community-based ambulatory patient center based on Section III, A. Eligible Entities, and whether the community-based ambulatory patient care center will operate the residency program alone or as part of a GME consortium
   b. Project Director Contact Information
   c. Residency Type (e.g. Family Medicine residency)
   d. Funding preference statement (if applicable)
   e. Population Target Area(s)
   f. Funding Amount Requested (total for the two-year project period)
   g. Projected number of resident positions in the newly established program;
   h. Expected ACGME or CODA Accreditation and Residency Matriculation Dates

Abstract Body Content:
Brief overview of the project. This includes a description of the geographic area and target patient population and needs. Also include consortium partners (if

applicable); clinical partnerships (e.g., critical access hospitals, affiliated hospitals, clinical sites, Veteran Affairs clinical sites); specific measurable objectives; expected outcomes of the project; and how the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or 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 - the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below 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](#) [“Purpose and Need”](#)*

Briefly describe the purpose of the proposed project and clearly identify specific project goals, objectives, and expected outcomes. Summarize how the proposed project will address the health needs of the community, and how the establishment of family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics residency/fellowship programs will increase access for the proposed target area(s).

Provide an overview of the health workforce and health care needs of the target area(s) served by the proposed project. This section should primarily focus on describing the needs of the community, the organization and facility(s) needs to establish a community-based residency program, and an assessment of the current health care infrastructure, including the graduate medical education landscape and other residency programs serving the community. You must use and cite demographic data (e.g., local, state, federal) whenever possible to support the information provided.

Specifically, this section must include the following information:

- Description of the geographic area in which the residency program will be located and the justification for why this geographic area was selected to develop a new existing residency program. To the extent possible, include data on the population demographics, social determinants of health, health disparities faced by, and health care needs of, the population served, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities (MUCs) and/or Health Professional Shortage Areas (HPSAs).

- Description of any special populations served by the training program and that trainees are immersed in the care of, such as members of tribal communities, veterans, people living with HIV, patients who are un/under insured, patients with substance use disorders and describe plans to decrease health care disparities.

- Shortages and need for additional physicians in the specialty for which you are applying for funding, including current (within 3 years) information and data demonstrating needs for the proposed specialty in the target area(s) and identify specific reasons for this shortage.

- Description of the health care delivery system and the specific needs of the facility(s) hosting the residency program. Include information on the organization's structure and the clinical and faculty capacity needed to support a new residency program.

- Description of any residency programs (existing or in development) in the specialty area for which you are applying for funding, that serves the target area(s) where the proposed new residency program will be located.

- Description of any progress that has already been made towards developing a residency program.

- *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 detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

  You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.

  - Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.

  - Describe the timeframes, deliverables, and key stakeholder organizations required during the grant period of performance to address each of the needs described in the Purpose and Need section.

  - 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 support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

- If funds will be subawarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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

    Propose methods that will be used to address the stated needs and how they will achieve identified program goals and objectives. Clearly specify how the proposed methods will overcome challenges and barriers identified in the "purpose and needs" section above. Specifically, this section must include how you plan to achieve:

    1) ACGME or CODA accreditation for a new residency program by no later than the end of the program performance period (i.e. March 31, 2025). Applicants must describe:
       a. Clinical capacity to meet ACGME or CODA accreditation requirements including sufficient numbers of dedicated, supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties. *Note: This may be achieved through clinical training partnerships. In this case, Letters of Agreement must be submitted in **Attachment 2**.*

       b. Current organizational structure and plan to meet ACGME or CODA requirements, including governance structure and the capacity of the organization to meet ACGME or CODA sponsoring institution requirements. This may also include acquiring access to electronic health records, library services, learning management systems, etc.

       c. Faculty recruitment and development plan to support the residency program, including recruiting specialty faculty to meet ACGME or CODA requirements for the proposed specialty.

       d. Curriculum and training plan, including incorporation of interprofessional training and development, culturally and linguistically appropriate care, and training to address the health needs and disparities of patients from the proposed target area(s). The curriculum plan should be of high quality, leading to successful board certification of graduates and readiness for clinical practice following completion of training.

    2) Resident matriculation no later than the AY immediately following the end of the program period of performance (i.e. July 1, 2026). Applicant must describe a plan to:
       a. Recruit and support a diverse cohort of high- quality residents, including outreach to medical students with rural and disadvantaged backgrounds.

b. Recruit and train at least the minimum number of residents required to achieve and maintain accreditation for the proposed specialty.

c. Promote retention of resident graduates to practice in underserved and rural communities.

Note: Award recipients should consider adding the performance measures related to accredited positions, admissions, and enrollees by year of training, by age, gender, race, ethnicity, location of training, new curriculum development, and faculty development, and intent to be employed in underserved or rural areas, to the plan for tracking characteristics of practice and graduates. Award recipients that initiate their programs during the period of performance will be required to report on selected characteristics of enrollees and graduates. Refer to https://bhw.hrsa.gov/grants/reportonyourgrant for examples of performance data measures.

Additionally, applicants should include innovative approaches or any unique characteristics of the program that would enhance the quality of residency training and address the stated needs of the targeted area(s), such as:

- Emerging patient-centered care or health care delivery strategies (e.g., patient-centered medical homes, telehealth etc.)

- Integration of interprofessional education and practice

- Integration of culturally and linguistically competent care

- Integration of oral health and/or mental health and substance use disorder treatment

- Plans to incorporate pandemic response into resident training models

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

Discuss barriers and challenges likely to be encountered planning and developing a new community-based residency program. Specifically, applicants must address the following:

1) Highlight any roadblocks you are likely to encounter in implementing activities described in the work plan and approaches that you will use to resolve these challenges.

2) Describe any additional challenges both internal and external to your organization, including key stakeholders (e.g. sponsoring institution, clinical training sites, etc.), that may directly or indirectly affect development of the program. Discuss how these challenges will be resolved.

3) Describe challenges and resolutions to incorporating interprofessional health care, culturally and linguistically competent health care and innovative approaches to achieve health equity, and recruiting a diverse cohort of high quality residents.

4) Address other known challenges specific to community-based residency programs such as having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

5) Describe any foreseeable challenges and barriers to your proposed sustainability plan, and how you will address these challenges and barriers.

6) Describe any potential obstacles for fulfilling HRSA's performance measurement reporting requirements and your plan to address those obstacles

- *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)*

    Describe the plan for program performance evaluation that will meet ACGME or CODA accreditation requirements and promote continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

    Describe the plan to track residents' career outcomes for a period of at least 1 year post-graduation from the residency program. Applicants must describe a plan to:

    a. Develop a tracking tool/mechanism or leverage an existing graduate tracking system to track and publicly report on graduates' career outcomes and retention in rural and underserved areas, including but not limited to, practice specialty/sub-specialty and location. At a minimum, the graduate tracking plan should be equipped with the ability to accurately collect the following graduate measures:

       i. National Provider Identifier (NPI)

       ii. Practice location(s)

       iii. Specialty Area

       iv. Part-time or full-time practice status

b. Track other practice characteristics and graduates' demographics.

Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the performance measures and data forms required for the THCPD program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to collect, manage, analyze, and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Note: Performance measures and data forms are subject to change each academic year.

Examples of THCPD performance measures include:

- Number and type (i.e., model and specialty) of newly established residency programs

- Number of residents each residency program will support once fully established

- Number and type of existing clinical training sites for residents

- Number and type of newly established clinical training sites for residents

- Number of faculty and staff trained to teach, support, and administer the curriculum at each residency program

- Number and type of existing partnerships (e.g., non-clinical training site) that support the residency program

- Number and type of newly established partnerships (e.g., non-clinical training site) that support the residency program

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

Applicants must propose a clearly defined, fact-based, feasible sustainability plan to support the long-term financial sustainability for the new residency program beyond the THCPD period of performance. Health care sites sponsoring new residency programs through this grant program must additionally have a strong, long-term outlook with regard to their financial stability. The application must speak at least broadly to this institutional financial outlook.

The application must clearly describe a financial sustainability plan for supporting the costs of the eligible residency program, including financial investments you have already made and describe funding sources other than clinical revenue that are available or projected for the long term.

Residency programs may be supported by funds from sources such as the Department of Veterans Affairs, Indian Health Service, HRSA, Medicaid, state, or other public and private funding.

If you propose a sustainability plan that relies on public funding sources, you must clearly describe in **Attachment 4** the funding mechanism:
- application process (competitive vs. noncompetitive)
- how your program qualifies for the funding
- the anticipated award date and the expected duration and availability of the funding.

If you propose a sustainability plan that includes private funding for ongoing support of your residency program, you must provide a letter of agreement from the funder, including:
- the level of commitment to the sustainability of the program
- funding amount and duration of funding
- potential future funding support (if applicable).

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion 4*

Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Include an organizational chart in **Attachment 3** (refer to Section IV.2.vi. Attachments). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (Staffing Plan and Job Descriptions for Key Personnel). Include biographical sketches for each person occupying the key positions, not to exceed two pages in length. 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." 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 thefollowing 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:

    o   Institution and location

    o   Degree (if applicable)

    o   Date of degree (MM/YY)

    o   Field of study

- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well suitedfor 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 your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

Additionally, THCPD recipients may use funds for the following:

1) **Curriculum development.**

2) **Recruitment, training and retention of faculty.** Planning and development costs can include building faculty and staff capacity through recruitment and training (e.g., travel costs and registration for meetings and trainings) and faculty retention efforts. Allowable expenses during the development stage include salaries for staff members such as program directors and other faculty involved in resident training.

3) **Resident Recruitment Costs**. Funding may be used to support costs associated with the recruitment of new residents. Applicants are encouraged to recruit and support a diverse cohort of high- quality residents. As such, funds may be used to promote the eligible primary care residency program to medical students and/or to establish pipeline activities that encourage local youth to ultimately train in the applicant's program. Costs for resident recruitment may include advertising, travel reimbursement, or staff time dedicated to supporting training, recruitment and retention of residents.

4) **Resident Training Costs.** After accreditation has been achieved, THCPD funds may also be used to support resident training for a period of up to one year during the 2-year project period.

5) **Achieve accreditation**. Funding may be used to support planning and development costs of establishing residency programs at eligible facilities that demonstrate specific needs for family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics. Achieving program accreditation and other associated costs incurred, including travel to partnering sites of practice and initial ACGME or CODA accreditation fees, can be included. THCPD recipients (or consortia) supported by this funding opportunity are expected to obtain ACGME or CODA accreditation prior to the end of the THCPD period of performance.

Note: The THCPD program may cover ACGME or CODA initial accreditation fees. Subsequent fees, such as annual program and appeal fees, are not allowable.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. 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. Effective January 2022, the Executive Level II salary is $203,700. 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 sub-awards), proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition to guidance provided in the above Budget section, the THCPD program requires the Budget Justification Narrative to be detailed and inclusive of program costs for the entire period of performance. Although awards are fully funded at the outset for use over the entire period of performance, applicants must also include within the budget justification a yearly breakdown of funds for each 12-month increment of activity (for each budget year of the project). The budget narrative should match the SF-424 R&R budget form line items and provide details of the allocation of the THCPD award funds.

If your program proposal includes hiring new personnel, awarding contracts, or making sub-awards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. Additionally, failure to execute any sub-awards or contracts in a timely manner, as noted in the work plan, may lead to administrative action, up to cancellation of the award.

In addition, THCPD requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of

participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

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

Note: Thoroughly describe your requested amounts, but be concise. The budget narrative is not intended to expand the project narrative. Additionally, ensure that each item in the "other" category is justified.

v. *Standardized Work Plan (SWP) Form*

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Corresponds to Section V's [Review Criterion 2 (a)](#).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in [Section IV.2.ii. Project Narrative](#).

vi. *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](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [*SF-424 R&R Application Guide*](#))

Keep each job description to two pages. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal (e.g., clinical site rotations, state, rural health organizations). 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.

Note: Letters of Agreement related to the sustainability options in Section IV.2.ii [Program Sustainability](#) should be included in **Attachment 4.** Memoranda of Understanding related to the funding preference should be included in **Attachment 5**.

Attachment 3: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including sponsoring institution, consortium partners (if applicable), or other key partnerships.

Attachment 4: Program Sustainability Documents

Applicants are required to provide documentation that supports their residency program sustainability plan during and after grant funding, such as Letters of Agreement for other public or private funding (if applicable). Refer to Section IV.2.ii [Program Sustainability](#), for more information on program sustainability options.

*Note: Letters of Agreement for non-sustainability related partnerships (e.g. rotations, staff capacity) should be included in **Attachment 2.***

Attachment 5: Documentation of Area Health Education Center Program Affiliation (As Applicable)

To receive funding preference, applicants are required to provide a signed Memoranda of Understanding (MOU) that there is an existing affiliation agreement with an Area Health Education Center (AHEC) program. You must provide documentation of this qualification as specified in Section V.2 [Review and Selection Process.](#)

Attachment 6: Other Relevant Documents (Optional)

Include any other supplemental documents that are relevant to the application.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. 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 HRSA may 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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://www.sam.gov/https://sam.gov/content/home | SAM Knowledge Base)

- Grants.gov (http://www.grants.gov/https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

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 application due date under this NOFO is *December 12, 2022 at 11:59 p.m. ET*. HRSA suggests you submit your application 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 in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The THCPD Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than $500,000 total (inclusive of direct **and** indirect costs) for the two-year period of performance.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information.

There are certain funding restrictions associated with this award, including, but not limited to, the following unallowable costs:

- Ongoing support (beyond the two-year period of performance) for resident training (e.g., as a program sustainability plan)
- Acquiring or building real property
- Major construction or major renovation of any space (*note: Minor renovations or alterations are allowable*).

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide.* Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: **2021-01E**.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Five review criteria are used to review and rank THCPD applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Criterion #1
The extent to which the application:
- Describes the purpose of the proposed residency program and how it will address the workforce needs and likeliness to improve the health of populations served.
- Demonstrates a significant workforce need and shortage in the

proposed specialty among a high- need population, including the use of appropriate data sources in the analysis of the limited health resources and burden of diseases and/or conditions among medically underserved residents within these communities (e.g.demographics, health outcomes, health disparities, barriers to access, etc.).

- Describes the health care delivery system and provides details on the organization and the facility(s) needs to successfully establish the residency program.

- Assesses the current graduate medical education landscape for the proposed target area(s), including existing or developing primary care residencies, to determine the need for a new training program. If there are existing residency programs, the application describes and demonstrates significant need for a new program.

- Describes progress towards planning and developing a new residency program including characteristics of existing residency program partners that align with the purposes of this project and need for strengthening partnerships with private sector or safety net providers for development of clinical training sites for residents, preceptor development and retention, and well-trained, culturally competent health care practitioners.

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

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's [*Response to Program Purpose Sub-section (a) Work Plan*](#)

The extent to which the proposed work plan will support the successful accreditation and establishment of a new residency training program that will start training residents no later than July 1, 2026. Reviewers will consider the extent to which the application:

- Provides a detailed work plan that is logical and has objectives and goals that fulfill the purpose of the grant program and addresses identified needs to establish a residency program.

- Clearly identifies key faculty and/or staff member responsible for each activity in the work plan, which should correspond with the staffing plan in **Attachment 1.**

- Clearly identifies activities requiring collaboration with relevant partners (including sub-award recipients), which should correlate with letters of agreements and/or memorandum of understanding provided in **Attachment 2** and/or **Attachment 4** (related to program sustainability).

- Provides a complete SWP that represents the entire period of performance that includes goal(s), objective(s), and activities as they correlate with personnel responsible and feasible timelines for completion**.**

Criterion 2 (b): METHODOLOGY/APPROACH (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Methodology/Approach

The quality and extent to which the application describes activities likely to successfully achieve program goals and objectives and ACGME or CODA accreditation in establishing a new residency program. Specifically, the application:

- Demonstrates clinical capacity to meet ACGME or CODA accreditation requirements by the end of the THCPD grant program period of performance (i.e., March 31, 2025).

- Describes faculty recruitment and development, including recruiting faculty with specialty/expertise to meet ACGME or CODA requirements for the proposed residency specialty.

- Describes organizational and program structure needed to meet ACGME or CODA requirements, including governance structure and the capacity of the organization to meet ACGME or CODA sponsoring institution requirements, hiring non- faculty staff, and acquiring access to electronic health records, library services, learning management systems, etc.

- Describes a residency program education and training curriculum that will prepare residents to provide high- quality care in medically underserved and rural communities, including interprofessional education/training and culturally-linguistically appropriate care.

- Describes a strategic recruitment plan to recruit a diverse cohort of high-quality residents (to begin training no later than July 1, 2026) that demonstrate a commitment and willingness to develop competencies to practice in medically underserved and rural communities.

- Describes a feasible graduate tracking plan that will track and publicly report residents' practice locations and retention in medically underserved and rural communities post-graduation for the new residency program.

Additionally, reviewers will assess the degree to which the application:

- Proposes a residency education program that will lead to successful board certification and readiness for clinical practice upon completion of training.

- Proposes innovative approaches and/or emerging patient care or health caredelivery strategies that will provide high-quality residency training.

- Proposes to integrate interprofessional education and practice into the residency program.

- Addresses the medically underserved and rural population health needs, particularly among the health care safety net of the community it is serving.

Criterion 2 (c): RESOLUTION OF CHALLENGES (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

The extent to which the application demonstrates an understanding of the challenges and obstacles of establishing a new residency program (e.g., incorporating innovative approaches, interprofessional health care, recruiting residents, etc.) and proposes reasonable strategies to address these challenges. The extent to which the applicant discusses any additional challenges both internal and external to your organization that may directly or indirectly affect the development of the program and provide a plan on how these will be resolved.

Criterion 3: IMPACT (30 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 (20 points) – Corresponds to Section IV's *Impact Sub-section (a) Evaluation and Technical Support Capacity*

Reviewers will assess the quality and extent to which the application:
- Demonstrates the strength and effectiveness to report on the measurable outcomes requested to achieve program goals and objectives, which includes both HRSA's required performance measures and the applicant's own internal performance evaluation process dedicated to achieving ACGME or CODA accreditation, as outlined in Section IV.2.ii Project Narrative Evaluation and Technical Support Capacity section.

- Includes an evaluation plan that will contribute to continuous quality improvement including rapid-cycle quality improvement strategies.

- Demonstrates adequate technical support capacity to conduct performance management and evaluation.

- Provides solutions for overcoming potential obstacles for implementing program performance evaluation.

- Demonstrates the ability to collect data and report on all measures that may be included in HRSA's annual performance reports and final performance report. Measures may include but are not limited to the following:

  - Number and type (i.e., model and specialty) of newly established residency program
  - Number of residents each residency program can support at the onset
  - Number of residents each residency program will support once fully established (longer-term goal)
  - Number and type of existing clinical training sites for residents
  - Number and type of newly established clinical training sites for residents

- Number of faculty and staff trained to teach, support, and administer the curriculum at each residency program

- Number and type of existing partnerships (e.g., non-clinical site rotation) that support the residency program

- Number and type of newly established partnerships (e.g., non-clinical site rotation) that support the residency program

- Career outcomes for a period of at least 1 year post- graduation from the residency program

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

The extent to which the application describes a clearly defined, fact-based, reasonable, and validated sustainability plan for the proposed residency program to support resident training after the period of federal funding ends. Supporting documentation is required in **Attachments 4**. The reviewers will assess the quality and extent to which the application:

- Describes a plan for supporting the financial and programmatic sustainability of the new residency program. This must include funding sources other than clinical revenue and one (or a combination) of the funding options presented in the Project Narrative.

- Identifies challenges and barriers to the proposed sustainability plan and resolutions to address these issues.

- Describes financial investments already made for the new residency program.

- Demonstrates a stable future financial outlook for the institutional and training sponsors.

- Provides strong supporting documentation for the proposed sustainability plan in **Attachments 4**.

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

The quality and extent to which the application demonstrates the organization and facility's ability to achieve the program goals and objectives for the proposed residency program. Specifically, the application:

- Describes the organization's current mission, structure, and scope of current activities for the applicant organization and other key partnerships.

- Describes how the program organizational structure and resources will contribute to meet and achieve program objectives and accreditation, including an organizational chart of the proposed project in **Attachment 3.**

- Demonstrates the aptitude and expertise required of faculty and staff needed to implement the proposed work plan, including biographical sketches of key personnel (i.e., Project Director (PD)/Principal Investigator (PI), residency program director, coordinator and other key personnel) uploaded in the SF-424 R&R Senior/Key Person Profile (expanded) form.

- Provides a staffing plan in **Attachment 1** including short paragraphs on each key faculty/or staff member identified in the work plan, with a brief description of staffs' relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program, and the extent to which the staffing plan is sufficient to achieve the goals of the project.

Note: A complete staffing plan and job descriptions for key personnel must be submitted in **Attachment 1**. Letters of Agreement for key stakeholders involved in the work plan must be submitted in **Attachment 2** and/or **Attachment 4** (related to program sustainability).

Criterion 5: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget Justification Narrative

The extent to which the application proposes:
- A reasonable budget for each year of the period of performance in relation to the objectives, complexity of the activities, and anticipated results.

- Costs, as outlined in the budget and required resources sections, that are reasonable given the scope of work.

- Adequate time and level of effort of key personnel, notably the project director, devoted to the project to achieve program goals and objectives.

- A reasonable budget justification that clearly describes and outlines anticipated program costs, including planning and development costs, resident recruitment costs, graduate resident tracking, consultant services, sub-recipients, and data collection.

Note: Refer to the corresponding Section IV.2.iii. Budget, Section IV.2.iv. Budget Narrative, and Section IV.6. Funding Restrictions sections for more guidance on budget requirements and funding restrictions.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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. See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

Funding Preferences

This program provides a funding preference for some applicants as authorized by Section 749A of the Public Health Service (PHS) Act [42 U.S.C.293/ -1(e)].

Applicants must clearly indicate the basis for which they are requesting the funding preference in the Project Abstract and provide supporting documentation in **Attachment 5.** 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. The Objective Review Committee will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Name of the funding preference: Affiliation with an area health education center program.

Qualification(s) to meet the funding preference: A preference will be granted to an application that documents an existing affiliation agreement with an area health education center program as defined in sections 751 and 799B of the PHS Act. In order to receive the funding preference, applicants must provide supporting documentation in **Attachment 5.**

The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review group.

Other Funding Factors

Eligible applicants may apply to both HRSA-23-037 Rural Residency Planning and Development and HRSA-23-015 Teaching Health Center Planning and Development Program, however, to avoid duplication of efforts, HRSA may only make one award. Recipients of HRSA-22-107 are not eligible to apply for additional funding for the same residency/fellowship program.

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 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 release the Notice of Award (NOA) on or around the start date of April 1, 2023. 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 NOA, 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 federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability,

age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#)https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](#).

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could

be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Sub-awards

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

Data Rights

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

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.

Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

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 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.

   In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

   More information will be available in the Notice of Award (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). Examples of the kinds of performance measures that may be required 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) **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.

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. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Kim Ross, CPA
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, 10NWH04 (mail drop)
Rockville, Maryland 20857
Telephone: (301) 443-2353
Email: kross@hrsa.gov

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

Crystal Waters, DNP, FNP-BC
Project Officer, Division of Medicine and Dentistry
Bureau of Health Workforce, HRSA
Telephone: (301) 287-0050
Email: thc@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	*My attachment = ___ pages*
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	*My attachment = ___ pages*
Project/Performance Site Location(s)	Additional Location(s)	*My attachment = ____ pages*
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	*My attachment = ____ pages*
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	*My attachment = ____ pages*
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justirfication	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	8. Project Narrative	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	*My attachment = ____ pages*

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	11. Equipment	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	12. Other Attachments	*My attachment = ____ pages*
Attachments Form	Attachment 1:	*My attachment = ___ pages*
Attachments Form	Attachment 2:	*My attachment = ___ pages*
Attachments Form	Attachment 3:	*My attachment = ___ pages*
Attachments Form	Attachment 4:	*My attachment = ___ pages*
Attachments Form	Attachment 5	*My attachment = ___ pages*
Attachments Form	Attachment 6	*My attachment = ___ pages*
Attachments Form	Attachment 7	*My attachment = ___ pages*
Attachments Form	Attachment 8	*My attachment = ___ pages*
Attachments Form	Attachment 9	*My attachment = ___ pages*
Attachments Form	Attachment 10	*My attachment = ___ pages*
Attachments Form	Attachment 11	*My attachment = ___ pages*
Attachments Form	Attachment 12	*My attachment = ___ pages*
Attachments Form	Attachment 13	*My attachment = ___ pages*

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 14	*My attachment = ___ pages*
Attachments Form	Attachment 15	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-015 is 65 pages		**My total = ____ pages**