

U.S. Department of Health and Human Services



Health Resources & Services Administration

Bureau of Health Workforce

Division of Medicine and Dentistry

***Teaching Health Center Graduate Medical Education (THCGME)
Program***

Funding Opportunity Number: HRSA-24-051

Funding Opportunity Type(s): Competing Continuations

Assistance Listings (AL/CFDA) Number: 93.530

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Application Due Date: January 12, 2024

Ensure your [SAM.gov](https://sam.gov) and [Grants.gov](https://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: August 9, 2023

Modified January 2, 2024 to update project officer contact information.

Modified December 22, 2023: Extending the original due date to January 12th, 2024 for eligible applicants who were unable to submit by the original due date. This will allow continuous support to funded THCGME graduate medical education programs and avoid reduction in training slots. Updated the approval letter date from November 14 to January 29, 2024.

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See [Section VII](#) for a complete list of agency contacts.

Authority: Section 340H of the Public Health Service (PHS) Act [42 U.S.C. 256h]

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 Teaching Health Center Graduate Medical Education (THCGME) Program. The THCGME Program provides funding to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers. Payments through this opportunity will be made to support maintenance of HRSA-funded filled resident Full-Time Equivalent (FTE) positions for existing HRSA THCGME Program payment recipients.

Funding Opportunity Title:	Teaching Health Center Graduate Medical Education (THCGME) Program
Funding Opportunity Number:	HRSA-24-051
Due Date for Applications:	January 12, 2024
Anticipated Total Available FY 2024 Funding:	\$126.5 million
Estimated Number and Type of Award(s):	Approximately 57 awards to Eligible Applicants.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2024, through June 30, 2028 (4 years)
Eligible Applicants:	An eligible entity is a FY 2020 HRSA THCGME Program payment recipient. 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 HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a 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 at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for continuation awards to support maintenance of filled resident Full-Time Equivalent (FTE) positions that are funded by HRSA under announcement HRSA-20-011. Note: application through this FY 2024 Notice of Funding Opportunity (NOFO) will extend the period of performance for positions funded under HRSA-20-011 for an additional four (4) years.

The purpose of the THCGME opportunity is to provide funding to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers. These residency programs will prepare residents to provide high quality care, particularly in rural and underserved communities, and develop competencies to serve these diverse populations and communities.

Funding through this opportunity will support maintenance of approved HRSA-funded resident FTE positions for existing HRSATHCGME Program payment recipients *only*. Applications seeking support for an expanded number of resident FTE positions and/or establishment of new resident FTE positions will not be considered under this notice.

Awards made through this notice may be used to support the costs associated with resident FTE training only. THCGME Program funds may not be used for residency program development (e.g., the costs associated with accreditation).

Funds from a THCGME award may not be used to replace or supplant funds that have been provided from a different source (e.g., any Federal, state, local, tribal, non-profit, or for-profit entity) for the same resident FTE's time. THCGME funds must be used for program activities. Such replacement or supplanting may be grounds for suspension or termination of current and future federal awards, recovery of misused federal funds, and/or other remedies available by law.

Organizations applying for continued support for more than one residency program must submit a separate application for each unique program.

2. Background

The THCGME Program is authorized by Section 340H of the PHS Act [42 U.S.C. 256h].

The THCGME Program aims to strengthen the primary care workforce by supporting medical and dental primary care training programs that train physicians and dentists in community-based settings with a focus on rural and underserved communities. The program uses a different model for resident education than most other federally funded models of GME, which are predominantly located in large, urban academic medical centers. This model was developed based on evidence showing that family medicine resident physicians who train in health center settings are nearly three times more likely to

practice in underserved settings after graduation when compared to residents who did not train in health centers.¹ There is also evidence that physicians who receive training in community and underserved settings are more likely to practice in similar settings.^{2,3}

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA [Health Workforce Glossary](#). In addition, the following definitions apply to the THCGME Program for Fiscal Year 2024:

Approved graduate medical residency training program means (as defined in section 340H(j)(1) of the PHS Act [42 U.S.C. 256h(j)(1)]) a residency or other postgraduate medical training program: 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) that meets criteria for accreditation as established by the Accreditation Council for Graduate Medical Education or the American Dental Association’s Commission on Dental Accreditation.

Existing Teaching Health Center (THC) means a THC that sponsors an “approved graduate medical residency training program” as defined in section 340H(j)(1) of the PHS Act [42 U.S.C. 256h(j)(1)] and received a payment under the HRSA THCGME Program for a previous fiscal year.

Full-Time Equivalent (FTE) is the ratio of a resident’s time required to fulfill a full-time residency slot for one Academic Year. Multiple individuals’ FTE time can sum to equal one full-time resident.

Graduate Medical Education (GME) consortium means a collaboration between a community-based, ambulatory patient care center and community stakeholders (e.g., 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 staff and residents. The relationship between the THC and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

New Teaching Health Center (THC) means a THC that sponsors a “new approved graduate medical residency training program” as defined in section 340H(j)(2) of the PHS

¹ Chen C, Chong N, Luo Q, Park J. Community Health Center Residency Training: Improving Staffing, Service, and Quality. *Family Medicine*. 2021; 53(8):689-696.

² Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? *Academic Medicine*. 2013; 88(12): 1934–1940.

³ Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. *Academic Medicine*. 2016; 91(9): 1313–1321.

Act [42 U.S.C. 256h(j)(2)]) and has not received a payment under the HRSA THCGME Program for a previous fiscal year for that program.

Reconciliation means the annual process for determining changes to the number of FTEs reported by a THC in its application, compared to its actual use of FTEs during the most recently completed budget period, to determine the final amount payable for both Direct Medical Education (DME) and Indirect Medical Education (IME). This process is utilized to recoup overpayments pursuant to section 340H(f) of the PHS Act [42 U.S.C. 256h(f)].

Teaching Health Center (THC) means (as defined in section 749A(f)(3) of the PHS Act [42 U.S.C. 293I-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, 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 Payment (Award)

Type of applications sought: Competing continuations

Funding will be provided in the form of a formula-based payment (also referred to as an “award” herein).

2. Summary of Funding

This NOFO is contingent on availability of funding. The FY 2024 Budget request includes approximately \$126.5 million to be available to fund approximately 57 awards under this Notice of Funding Opportunity. The \$126.5M amount available through this funding opportunity represents the amount needed to fund the FTEs funded in 2020 (HRSA-20-011) that will be completing their period of performance in June 2024.

The period of performance is July 1, 2024, through June 30, 2028 (4 years). Funding beyond FY 2024 is dependent on the availability of appropriated funds for the HRSA THCGME Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

The FY 2024 HRSA THCGME Program payment is formula-based and provides a payment for both DME and IME expenses. The anticipated FY 2024 interim payment rate is \$160,000 per resident FTE. In subsequent fiscal years, the payment rate may change due to available appropriations and/or changes in payment methodology.

HRSA may adjust recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in their applications.

Reconciliation

All HRSA THCGME funding is subject to annual reconciliation (see section 340H(f) of the PHS Act [42 U.S.C. 256h(f)]). During reconciliation, any changes to the number of residents reported by the award recipient will be calculated in order to determine a final amount payable for the budget period.

Awardees are responsible for the accuracy of FTE data submitted to HRSA and may be audited by HRSA to ensure the accuracy and completeness of the information submitted. In addition, Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)] describes the relationship between THCGME Program funding and GME payments made by Medicare and the Children's Hospitals Graduate Medical Education (CHGME) payment program. If a resident FTE's time is submitted to Medicare or the CHGME program for the purposes of receiving payment, the THC cannot also claim that same time for payment from the HRSA THCGME Program. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTE positions. Over-reporting of FTEs, including ineligible FTEs, and subsequent over-payment will result in the recoument of THCGME payments.

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

III. Eligibility Information

1. Eligible Applicants

Existing HRSA THCGME Program payment recipients must continue to meet all of the following criteria in order to be considered eligible for HRSA THCGME funding. Program payment recipients that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

An eligible entity is a current THCGME Program payment recipient that was awarded funding under HRSA-20-011 that:

- i. Operates 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
- A community-based 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 settings such as those served by the institutions listed.

OR

ii. Has formed a **GME consortium** that operates an accredited primary care residency program.

To satisfy accreditation, academic and administrative responsibilities, a community-based ambulatory patient care center may form a GME consortium with stakeholders (e.g., academic health centers, universities and/or medical schools) where the GME consortium serves 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 patient care center is expected to play an integral role in the academic, financial, and administrative operations of the residency program. HRSA THCGME payments support resident training and clinical activities at the ambulatory patient care center.

Applicants applying as part of a GME consortium must maintain the consortium throughout the award period of performance. The applicant is the entity that meets the agency's or program's eligibility criteria and has the legal authority to apply and to receive the award. In the event of an organizational change that will affect the training program's financial, academic or operational function or organization, awardees must notify HRSA and submit a prior approval request for the change through HRSA Electronic Handbooks (EHB) system.

B. Accreditation/Institutional Sponsorship

The eligible community-based ambulatory patient care center or GME consortium, must be accredited as one of the eligible primary care specialties programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics-gynecology, general dentistry, pediatric dentistry, and geriatrics. In addition, it must be listed as the institutional sponsor by the relevant accrediting body (i.e., the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA)) and named on the program's relevant accreditation documentation.

The applicant must provide documentation that the residency program is accredited. Accreditation documents must indicate the accrediting body and include the name of the residency program's institutional sponsor, number of approved resident positions, and the dates of accreditation for verification purposes (see Attachment 5). Applicant residency programs must be prepared to train residents starting on the July 1, 2024 project period start date.

Entities that are not community-based ambulatory patient care centers, such as teaching hospitals, health care systems and/or networks, and academic institutions holding the institutional sponsorship of a primary care residency program are not eligible to receive THCGME funding. However, teaching hospitals and academic institutions have proven to be successful partners of THCs and members of established GME consortia. Where such partnerships are formed, the GME consortium must serve as the institutional sponsor of the residency program.

3. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

4. Other

Deadline

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

Other Funding Sources

HRSA THCGME funds must be used for program activities. Funds from a HRSA THCGME award may not be used to replace or supplant funds that have been provided from a different source (e.g., a federal, state, local, tribal, non-profit, or for-profit entity) for the same purpose/the same resident FTE's time. Such replacement or supplanting may be grounds for suspension or termination of current and future federal awards, recovery of misused federal funds, and/or other remedies available by law.

Multiple Applications

NOTE: Existing HRSA THCGME Program payment recipients applying for continued HRSA THCGME funding to support multiple residency programs **MUST** submit a separate application for each individual residency program.

Funding through this opportunity will support maintenance of approved HRSA-funded resident FTE positions for existing HRSA THCGME Program payment recipients *only* at their approved FTE levels. Applications seeking support for an expanded number of resident FTE positions and/or establishment of new resident FTE positions will not be considered under this announcement.

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 may result in an application being considered incomplete or non-responsive.

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

- Fails to satisfy the deadline requirements referenced in [Section IV.4.](#)

IV. Application and Submission Information

1. Address to Request Application Package

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

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 2.0 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-24-051 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 <http://apply07.grants.gov/search/spoExit.jsp?p=search-grants.html> 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 staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the 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 HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and budget figures expressed in 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.

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 7: 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

Program Requirements

Continuation Application Process for Existing FY 2020 HRSA THCGME Program Payment Recipients

In accordance with Section 4 of HRSA's [SF-424 R&R Application Guide](#), existing HRSA THCGME Program payment recipients are required to submit the following:

- 1) SF-424 R&R Application Package
- 2) A project abstract
- 3) Job Descriptions for Key Personnel (Attachment 1)
- 4) Letters of Agreement from all major training partners, including required formal agreements from hospital partners (Attachment 2)
- 5) Residency Program Organizational Chart (Attachment 3)
- 6) Eligible Resident/Fellow FTE chart (Attachment 4)
- 7) Accreditation documentation (Attachment 5)
- 8) THCGME Program Assurances (Attachment 6)

Since applicants are submitting requests to continue their programs, they are not required to submit a project narrative, resident FTE request justification, or staffing plan and personnel requirements unless they have updates from their application under HRSA-20-011.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the assurances, certifications, and abstract), include the following:

Award recipients must adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program. Award recipients are required to participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. See [Form Alert](#) in Section IV.1 Application Package.

Please use the guidance below. It is the most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#). Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers
- Email Address
- Website Address, if applicable

The Abstract must also include:

1. Name of the medical/dental residency training program;
2. Specialty of the residency training program;
3. 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 operates the residency training program alone or as part of a GME consortium;
4. Year program first began training residents;
5. A brief overview of the residency training program that includes the name of the accredited sponsoring institution (as designated by ACGME or CODA) and description of the main primary care training location including populations served;
6. Total resident FTE positions requested to be funded under this program for all post-graduate years of training, e.g., 12 (4-4-4)
7. Resident FTE positions requested to be funded under this program for AY 2024-2025, e.g., 12 (4-4-4); and
8. Rotation Sites: State if residents within the applicant residency training program will perform rotations at a hospital rotation site(s) that has not provided resident training in any prior academic year.

Biographical Sketches

Provide a biographical sketch for key faculty/staff contributing to the project. The information must be current, indicating the individual's position and sufficient detail to assess the individual's qualifications for the position being sought and consistent with the position description. **Each biographical sketch should be limited to one page.** Include all degrees and certificates.

Biographical sketches should include the following information:

- Senior/Key Person name
- Position Title

- Education/Training, beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training, if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their 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 current position. List any honors. Include current membership on any Federal Government public advisory committee.
- *Section C (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.

ii. **Budget**

The HRSA THCGME Program is a formula-based payment program that does not require submission of a formal budget. Please note that the SF-424 R&R submission package contains budget forms that are required to be submitted.

- ✓ Applicants are advised to put in a "0" for this form and then upload a blank document as an attachment to complete the package.

iii. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Job Descriptions for Key Personnel Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff.

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. Documents that confirm actual or pending contractual or other agreements should clearly describe your organization and the contractors' roles and any deliverable. Letters

of agreement from hospital training partners must address understanding and steps to ensure that THCGME resident FTEs will not also be submitted to Medicare GME or the CHGME Program for the purposes of receiving GME payments. Affiliation agreements with hospitals receiving reimbursement from the Centers for Medicare & Medicaid Services (CMS) for resident training time must include acknowledgement that new residents rotating at these sites will trigger the CMS resident FTE cap building period. Letters of agreements are required to be signed and dated.

NOTE: Abbreviated/shortened documentation of relevant Letters of Agreement, Memoranda of Understanding, and/or Description of Proposed/Existing Contracts is acceptable in this NOFO. Documentation provided should be clear, concise, and address all requirements described above.

Attachment 3: Residency Program Organizational Chart

Provide a one-page figure that depicts the organizational structure of the residency program, including the community-based ambulatory outpatient care center and all major training partners.

Attachment 4: Eligible Resident/Fellow FTE Chart

Upload a copy of the completed Eligible Resident/Fellow FTE Chart. The chart must include the total resident training numbers from AY 2018-2019 through AY 2023-2024, planned total resident training numbers for AY 2024-2025 through AY 2026-2027, and planned THCGME resident FTE for AY 2024-2025 through AY 2026-2027. THCGME-supported resident FTEs documented in this chart may not exceed the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter; requests for resident FTEs beyond this number will not be considered through this announcement.

Please see [Appendix B](#) for the OMB-approved form and the form completion instructions. Limitations apply to resident FTEs that can be submitted for THCGME payments. See [Appendix A](#) for more information.

Attachment 5: Accreditation Documentation

Provide documentation of residency program accreditation from the appropriate accrediting body (ACGME or CODA). Documentation must clearly identify the residency program's institutional sponsor, number of approved resident positions, dates of accreditation, and any noted citations (if applicable).

Attachment 6: THCGME Program Assurances

Appendix A provides THCGME Program information on resident FTE time that is allowable to receive THCGME payments. You must submit a signed THCGME Program Assurances document confirming that you have reviewed and will comply with Appendix A.

Attachment 7: Other Relevant Documents – All Applicants (as applicable)

Include here any other document that is 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 a different 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://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.
- If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on our blog](#) to know what to expect.

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 due date for applications under this NOFO is January 12, 2024 at 11:59 p.m.ET. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The THCGME Program is not 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 support for resident FTEs for a period of performance of up to 4 years and up to the limits set in Section II.2 of this notice. Awards to support projects beyond FY 2024 will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds for residency program development, such as completing ACGME or CODA accreditation requirements, are not available under this notice.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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 any applicable statutory restrictions. Like all other applicable 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

Existing HRSA-funded FY 2020 THCGME Program payment recipients must complete and submit all documentation listed in Section IV.2.A of this NOFO. Submissions will be reviewed and evaluated by HRSA staff to confirm that the applicant meets eligibility requirements and to validate the number of resident FTE requested for continued THCGME support.

2. 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 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 Responsibility/Qualification Reports or 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 any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants 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 intends to issue approval letters to successful applicants by January 29, 2024, to allow programs to recruit residents for the 2024-2025 AY that will begin July 1, 2024.

HRSA will release the Notice of Award (NOA) and make funding available on or around the start date of July 1, 2024. 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 an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all applicable 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, 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 Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards,

and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

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

3. Reporting

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

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

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

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

More information will be available in the NOA.

- 2) Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in

the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

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

The HRSA THCGME Program has additional annual reporting requirements (Section 340H(h) of the PHS Act [42 U.S.C. 256h(h)]) that must also be submitted via the EHBs. These requirements include, but are not limited to, providing data on the number of patients treated by residents and the number and percentage of residents entering primary care practice following completion. HRSA THCGME Program payment recipients are also required to provide National Provider Numbers (NPIs) for residents training in their program in order to track provider activity after program completion. HRSA THCGME Program payment recipients may also be required to provide additional information (e.g., letters or other official documentation) related to resident training and/or completers within their program, as requested by HRSA. Failure to provide complete and accurate information required by section 340H(h) may result in a reduction of the amount payable by at least 25 percent. Prior to imposing any such reduction, the awardee will be provided notice and an opportunity to provide the required information within 30 days beginning on the date of such notice.

- 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 an award 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 participation in this payment program.

- Changes to the objectives from the initially approved application.

Further information will be provided in the NOA.

- 4) Annual Reconciliation Tool.** The recipient must submit an annual reconciliation tool that provides actual resident FTEs trained in the budget period (i.e., academic year). The reconciliation tool reporting occurs immediately following the budget period AY. Any FTE overpayments will be recouped by HRSA. HRSA THCGME award recipients may be subject to an FTE Assessment to verify accurate FTE reporting.
- 5) Integrity and Performance Reporting.** If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of [Public Law 110-417](#), as amended ([41 U.S.C. 2313](#)). 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.

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:

Thuy-Tien Le, D.O.
Project Officer, Division of Medicine and Dentistry

Attn: THCGME Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N136B
Rockville, MD 20857
Telephone: (301) 480-7777
Email: Tle@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's 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
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#). Frequently Asked Questions (FAQs) can be found on the program [website](#) and are often updated during the application process.

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

Appendix A: Assurances Document

Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

THCGME recipients are required to have the necessary policies, procedures and financial controls in place to ensure that their organization complies with all federal funding requirements. The effectiveness of these policies, procedures and controls are subject to audit.

THCGME recipients are required to follow the Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75). ([Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#))

THCGME recipients are also required to abide by the following policies and reporting guidelines. Signature on the final page of this document is required to ensure THCGME recipients are aware of their responsibilities as THCGME awardees. **The signature page must be submitted in Attachment 6 of your application.**

THCGME Payments Relationship to Other Federal GME Payment Programs

Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)] describes the relationship between THCGME Program funding and GME payments made by Medicare and the CHGME program. If a resident FTE's time is submitted to Medicare or the CHGME program for the purposes of receiving payment, the THC cannot also claim that same time for payment from the THCGME Program. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTEs. Over-reporting of FTEs and subsequent over-payment will result in the recoupment of THCGME payments.

All THCGME recipients may be subject to an FTE Assessment audit at any time during the period of performance. Recipients are responsible for the accuracy of the data submitted to HRSA. THCGME recipients that do not report resident FTE counts to Medicare are not exempt from the FTE Assessment audit.

45 CFR Part 75, Subpart F - Audit Requirements

The THCGME program is excluded from coverage under [45 CFR Part 75, Subpart F - Audit Requirements](#). However, the program may be included in a single audit for other (non-THCGME) federal grant funding that a THCGME awardee may also receive.

Annual Resident FTE Reconciliation

All THCGME payments are subject to annual reconciliation and any funds awarded for resident FTEs not utilized during the academic year will be recouped by HRSA. If adequate funds are not available in the Payment Management System (PMS) for recoupment, the recipient is responsible for repaying funds within a timely manner and may be subject to future penalties such as withholding of future funding and/or drawdown restrictions.

THCGME Resident FTE

Section 340H(c)(1)(B) of the PHS Act [42 U.S.C. 256h(c)(1)(B)] refers to Section 1886(h)(4) of the Social Security Act [42 U.S.C. 1395ww(h)(4)] in determining eligible resident FTE for THCGME payments. Therefore, the following limitations apply to the resident FTE that qualify for THCGME payments:

Foreign medical graduates

Graduates with international medical or dental degrees are eligible for THCGME support; however, these graduates must have passed the United States Medical Licensing Examination (USMLE) Parts I & II or dental equivalent and must be eligible for licensing following completion of residency.

Initial Residency Period (IRP) – Weighting

Payment for trainees may be subject to weighting based on their initial residency period (IRP). The IRP means the minimum number of years of formal training necessary to satisfy the requirements for initial board eligibility in the particular specialty for which the resident is training. Residents who have completed or transferred from another U.S. residency program will be weighted at 0.5 FTE for training beyond their IRP. A resident who is beyond his or her IRP is factored by 0.5 regardless of the number of years or length of the training program in which s/he is currently enrolled. Exceptions apply to the IRP for residents enrolled in a geriatric residency or fellowship program or transferred from a preventative medicine residency or fellowship. (Social Security Act Section 1886(h)(5)(F)).

Research Time

Resident time spent conducting research not associated with the treatment or diagnosis of a particular patient cannot be submitted for THCGME payments. HRSA does not consider quality improvement or public/population health projects that are essential in the training of high quality primary care providers to be research. Resident rotations schedules will be submitted annually to HRSA, and awardees should ensure to delineate between any research and non-research time on all schedules/in all reports.

THCGME Additional Program Guidance

THCGME recipients are required to notify HRSA within 30 days of any changes within the program that may affect the number of FTEs funded by the THCGME Program, including those related to resident FTE training levels, organizational structure, and/or accreditation. HRSA will reevaluate a program's THCGME eligibility status based on this information, and may change and/or redistribute THCGME-supported FTEs accordingly.

Off cycle residents

Residents are permitted to begin their training off-cycle of the academic year (after July 1). Recipients are required to report the amount of time that the resident was not training in the program on the Reconciliation Tool (OMB 0915-0342) at the end of each AY. If the resident does not meet the training requirements to progress to the next program graduate year (PGY), additional training to complete the PGY is applied using funding for the following AY. The total amount of the FTEs supported by the THCGME Program cannot exceed the amount of FTEs that the recipient is HRSA approved to

train for off-cycle residents. Funding for off cycle training is subject to approval by HRSA.

Extended absences

Extended absences for maternity leave, long-term illness, etc. are required to be reported on the Reconciliation Tool if the resident does not meet the training requirements to progress to the next PGY. Any additional training time required due to an extended absence may be funded during the next AY. Funding for any extended absences is subject to approval by HRSA.

Remediation

The THCGME Program will provide payments for residents in remediation only if the total amount of FTEs requested for a budget period (i.e., the academic year (AY)) does not exceed the amount of FTEs that the recipient is HRSA approved to train. Funding for remediation is subject to approval by HRSA.

Resignations

The THCGME recipient is required to inform HRSA of any resident resignation(s). This information should be reported to the assigned HRSA Project Officer and on the annual report, reconciliation tool, and performance measure report. THCGME funding for the resident that left the program will be adjusted for the amount of time the resident spent training in the program. Any overpayments will be recouped. The recipient is permitted to replace a resident that resigned; however, the total amount of the FTEs requested is subject to approval by HRSA.

Resident Moonlighting

Resident moonlighting time, when additional financial compensation is provided for clinical service, may not be supported by THCGME funding.

THCGME Fund Allocation

THCGME funds allocated for a budget period (i.e., academic year) must be utilized for training expenses occurring during the academic year (July 1-June 30). Drawdowns for these expenses can occur until 90 days after the budget period ends (September 30); however, the funding must be used for expenses that occurred during the prior AY.

Allowable Expenses

THCGME funds may not be used for a prospective trainee's travel costs to or from the recipient organization for the purpose of recruitment. However, other costs incurred in connection with recruitment under training programs, such as advertising, may be allocated to the THCGME project according to the provisions of the applicable cost principles.

Refer to cost principles in [45 CFR 75.403 and 75.420 – 75.475](#) for more information about allowable expenses.

Prior Approval Request(s)

HRSA regulations (45 CFR Part 75) require that prior to initiating certain actions; the awardee must formally request approval from HRSA. The most common actions that

require “Prior Approval Requests” for the THCGME Program include changes to the sponsoring institution and change of Project Director. The request(s) must be submitted via the Electronic Handbooks (EHBs).

SIGNATURE PAGE:

**Teaching Health Center Graduate Medical Education (THCGME)
Program Recipient Policies and Guidelines**

Please print out, sign, scan, and include this page as Attachment 6 of your application:

By signing this we acknowledge that we have read and agree to follow the Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines provided in this document as a condition of award.

Project Director Name

Project Director Signature

Date

Chief Financial Officer/Other
Authorized Official Name

Chief Financial Officer/Other
Authorized Official Signature

Date

APPENDIX B: Eligible Resident/Fellow FTE Chart

Program Name: _____

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM								
Academic Years	Funding Year	Number of Resident/Fellowship FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5		
7/1/2018-6/30/2019								
7/1/2019-6/30/2020								
7/1/2020-6/30/2021								
7/1/2021-6/30/2022								
7/1/2022-6/30/2023								
7/1/2023-6/30/2024								
7/1/2024-6/30/2025	Year 1							
7/1/2025-6/30/2026	Year 2							
7/1/2026-6/30/2027	Year 3							
7/1/2027-6/30/2028	Year 4							

OMB 0915-0367

Expiration Date: 12/31/2025

Instructions for completing the Eligible Resident/Fellow FTE Chart (Attachment 4):

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM								
Academic Years	Funding Year	Number of Resident/Fellowship FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5		
7/1/2018-6/30/2019		A	A	A	A	A	C	D
7/1/2019-6/30/2020		A	A	A	A	A	C	D
7/1/2020-6/30/2021		A	A	A	A	A	C	D
7/1/2021-6/30/2022		A	A	A	A	A	C	D
7/1/2022-6/30/2023		A	A	A	A	A	C	D
7/1/2023-6/30/2024		A	A	A	A	A	C	D
7/1/2024-6/30/2025	Year 1	B	B	B	B	B	C	D
7/1/2025-6/30/2026	Year 2	B	B	B	B	B	C	D
7/1/2026-6/30/2027	Year 3	B	B	B	B	B	C	D
7/1/2027-6/30/2028	Year 4	B	B	B	B	B	C	D

OMB 0915-0367

Expiration Date: 12/31/2025

A. **Prior Training Years** - The baseline year is the number of resident/fellow FTEs your program trained in AY 2018-2019. In the columns labeled as “Number of Resident/Fellow FTEs,” list the number of Post Graduate Year (PGY)-1, PGY-2, PGY-3, PGY-4 and PGY-5 full-time equivalents

(FTEs) enrolled in the resident/fellow program during academic years 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. Include four (4) decimal places for any partial FTEs.

If your program did not train any resident/fellow FTEs between AY 2018-2019 and 2023-2024, enter “0” FTEs in the applicable column(s) that lists PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 training years.

B. Future Academic Years - In the columns labeled as “Number of Resident/Fellow FTEs,” list the **number** of PGY-1, PGY-2, PGY-3, PGY-4, and PGY-5 FTEs you plan to train over the next five academic years starting with AY 2024-2025. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. These columns should include any planned THCGME-supported FTEs during the indicated academic years.

C. In the column labeled as “Aggregate Number of FTEs in the Program”, document the **aggregate number** of resident FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. This column should be equal to the sum of the numbers listed in the “Number of Resident/Fellow FTEs” PGY columns and should include resident/fellow FTEs supported by **all** funding sources.

D. In the column labeled as “Aggregate Number of THC FTEs,” document the **aggregate number** of THCGME-supported resident/fellow FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. **Please note that your projections do not guarantee funding.**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0367. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.