

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau

Notice of Funding Opportunity

Application due February 18, 2025









Pediatric Pulmonary Centers Program

Opportunity number: HRSA-25-026



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on February 18, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development

Providing interdisciplinary training to improve the health of infants, children, and adolescents with chronic respiratory conditions, sleep issues, and other related special health care needs.

Summary

The purpose of the Pediatric Pulmonary Centers (PPC) program is to provide interdisciplinary training to improve the health of infants, children, and adolescents with chronic respiratory conditions, sleep issues, and other related special health care needs.

The PPCs strive to improve systems of care and increase access to pediatric pulmonary care for children with complex health care needs.

Funding details

Application type: Competing continuation, New

Expected total available funding in FY 2025: \$2,065,000

Expected number and type of awards: 6 grants

Funding range per award: Up to \$340,000 per year

We plan to fund awards for five 12-month budget periods for a total five-year period of performance of July 1, 2025, to June 30, 2030.

Pending the availability of funds, during each year of the period of performance one designated PPC recipient will apply for an administrative supplement of up to \$25,000 post-award to cover the costs of the annual meeting. This annual meeting requirement may be waived during Year 5 of the period of performance.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Pediatric Pulmonary Centers Program

Opportunity number:

HRSA-25-026

Announcement version:

New

Federal assistance listing:

93.110

Statutory authority: 42

U.S.C. §701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

Key dates

NOFO issue date:

November 20, 2024

Informational webinar:

December 10, 2024

Application deadline:

February 18, 2025

Expected award date is by:

June 1, 2025

Expected start date: July 1,

2025

Eligibility

Who can apply

You may apply if you are an institution of higher learning, meaning:

- Any college or university accredited by a regionalized body or bodies approved for such purpose by the Secretary of Education.
- Any teaching hospital which has higher learning among its purposes and functions and which has a formal affiliation with an accredited school of medicine and a full-time academic medical staff holding faculty status in such school of medicine.

Types of eligible organizations

These types of domestic* organizations may apply.

- Public institutions of higher education.
- Non-profit private institutions of higher education.
- Native American tribal governments and organizations that are institutions of higher learning (education).

See [42 CFR § 51a.3\(b\)](#).

Individuals are not eligible applicants under this NOFO.

*“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Other requirements

You must be an institution of higher education accredited by the Accreditation Council for Graduate Medical Education (ACGME). You must provide documentation of your institution’s accreditation status as [Attachment 1](#). Please do not provide the web link to the accreditation body’s website. Recipients must maintain accreditation status throughout the period of performance and notify us of any change in status.

Trainee support

To receive support under this program, a trainee must be one of the following:

- A U.S. citizen or noncitizen national.
- An individual lawfully admitted for permanent residence to the United States.

- Any other individual who meets the requirements under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L 104-193, as amended.

Please review other trainee support information in [Appendix A](#).

Qualifications for project director

HRSA recognizes only one project director. The project director must be a faculty member employed by the applicant organization at the time you submit the application. The project director should dedicate at least 20% of their time to grant activities. The dedicated time can be supported through in-kind contributions or by grant funds. We do not allow co-project directors. See [Program requirements and expectations](#) section for more information about qualifications for the project director.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition. We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of the PPC program is to provide interdisciplinary training to improve the health of infants, children, and adolescents with chronic respiratory conditions, sleep issues, and other related special health care needs.

Program goals and objectives

The PPC program's goals are to:

- Assemble interdisciplinary cohorts comprised of graduate or post-graduate trainees.^[1]
- Recruit and retain diverse PPC trainees and faculty, emphasizing groups underrepresented in the maternal and child health (MCH) workforce.
- Engage people who have lived experience with chronic respiratory conditions, and/or their family members.
- Strengthen academic-practice partnerships with Title V Maternal and Child Health Services Block Grant (Title V) agencies^[2] and community partners.

The program objectives to be accomplished during the period of performance are to:

- Develop and implement an interdisciplinary PPC curriculum.
- Recruit at least one trainee in each of these fields annually:
 - Pediatric pulmonary medicine.
 - Nursing.
 - Nutrition.
 - Social work.
 - A needs-based discipline based on workforce shortages in your area or region.
- Recruit and retain trainees from backgrounds that are underrepresented in the MCH workforce, including but not limited to trainees from economically disadvantaged and racially/ethnically underrepresented backgrounds.
- Engage at least one person or family member of a person with lived experience with chronic respiratory conditions annually as a trainee, staff, or partner.
- Develop and enhance partnerships with at least one state Title V agency and at least one other MCH organization.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs.

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

Background

Health care providers with interdisciplinary training in pediatric pulmonary care are essential to addressing the complex health care needs of children with respiratory conditions. These children often have comorbidities, including sleep problems.^[3] Pediatric pulmonary workforce shortages, coupled with an increase in the prevalence of respiratory viruses like influenza and rhinovirus and the emergence of new viruses like MERS and COVID-19^[4] demonstrate the need for training in pediatric pulmonary care.

Significant portions of the United States do not have fellowship-trained pulmonologists, which creates health care disparities in access to pediatric pulmonary care for children with acute and chronic respiratory diseases.^[5] Most pulmonologists are located in urban settings at academic medical centers, with very few pulmonologists in rural areas.^[5] The geographic distribution of providers needs to be improved by training a pediatric pulmonary workforce that serves rural and underserved communities. Current pediatric pulmonary workforce shortages are expected to worsen with 32% of pediatric pulmonology fellowships going unfilled in 2023.^[6]

Additionally, the pediatric pulmonary workforce lacks racial and ethnic diversity, which can hinder the delivery of family-centered, culturally responsive care.^[7] For example, from 2018 to 2020, only 2.3% of pediatric pulmonologists self-identified as Black or African American.^[5]

The PPC program uniquely provides interdisciplinary training to diverse graduate and post-graduate trainees in pediatric pulmonary care and supports effective health care coordination across disciplines. From 2020 to 2022, the PPC program provided interdisciplinary training to over 1,350 trainees. 30% were from racial groups underrepresented in the MCH workforce, and 16% identified as Hispanic or Latino. Five years after training, over 93% of former PPC trainees were working in an interdisciplinary manner to serve MCH populations, and over 75% were working with underserved populations. Since 2020, PPC programs have collaborated with state Title V agencies and MCH community partners on over 2,000 activities, including training on school-based mental health and provider resilience.

Program requirements and expectations

Funding under this program is expected to provide interdisciplinary training to improve the health of infants, children, and adolescents with chronic respiratory conditions, sleep issues, and other related special health care needs.

Training and education

You are expected to:

- Deliver an interdisciplinary curriculum that provides training in addition to trainees' graduate or postgraduate discipline-related training. Training should:
 - Include clinical and experiential training in both institutional (inpatient and outpatient) and community-based settings.
 - Involve hands-on, supervised clinical work.
 - Build leadership skills that align with the MCH Leadership Competencies.^[8]
 - Incorporate people with lived experience with chronic respiratory conditions and/or their family members in the delivery of the PPC curriculum.
 - Engage trainees in one or more research projects and disseminate their findings.
- Cover the following topics in the curriculum:
 - Chronic respiratory disorders and emerging issues in respiratory health, such as sleep health or environmental health.
 - Systems of care for children and youth with special health care needs, including elements from the Blueprint for Change.^[9]
 - Cultural and linguistic responsiveness and life course approach.^[10]
 - Title V and related MCH legislation, including policy-making processes and their impact on MCH populations.
- Identify the expected competencies of PPC graduates in your training program.

Trainee recruitment and retention

You are expected to:

- Recruit and retain graduate or postgraduate trainees from backgrounds that are underrepresented in the MCH workforce, including but not limited to trainees from economically disadvantaged and racially or ethnically underrepresented backgrounds.
- Recruit and train at least one graduate or post-graduate student as a Long-Term Trainee (LTT)^[11] each year in the five-year period of performance from the following five core disciplines: pediatric pulmonary medicine, nursing, social

work, and at least one needs-based discipline. Please see [Appendix B](#) for additional information.

- You should have one new pediatric pulmonary medicine fellow (trainee) per year for a minimum of five trainees during the period of performance.
- Identify the needs-based discipline for your program based on local, state, or regional shortages in the pediatric pulmonary workforce.
- Recruit and train Medium-term trainees (MTTs)^[12] and Short-term trainees (STTs)^[13] to strengthen their ability to assess and address respiratory needs of children and their families.
- Engage people with lived experience with chronic respiratory conditions and/or their family members as LTTs or MTTs.

Partnerships

You are expected to:

- Partner with and engage people with lived experience with chronic respiratory conditions and/or their family members when designing, implementing, and evaluating the PPC program.
- Establish or strengthen at least two academic-practice partnerships in your state or region.
 - One of these partnerships must be with a state Title V agency.^[14]
 - One of these partnerships must be with another relevant local, state, or regional MCH partner.
- Partner with other MCHB programs, such as other MCHB-funded training programs,^[15] Family-to-Family Health Information Centers,^[16] or the National Center for a System of Services for Children and Youth with Special Health Care Needs.^[17]
- Collaborate with other PPC program recipients funded under this announcement (HRSA-25-026). You are expected to:
 - Participate in all-recipient calls, which will take place at least bimonthly.
 - Support the project director (PD) to attend the annual PPC recipient meeting. You may choose to support additional faculty and/or staff to attend the meeting with grant funds.
 - Plan, develop, convene, and manage the annual PPC recipient meeting one year during the period of performance.

Faculty

You are expected to:

- Identify faculty and staff with interest and expertise in each of the five core disciplines who will help develop, maintain, and implement the PPC curriculum and mentor trainees.
 - See the chart in [Appendix B](#) about required faculty.
 - People with lived experience with chronic respiratory conditions and/or their family members may serve as faculty, staff, or consultants to provide interdisciplinary teams with their perspective on receiving care and services.
- Identify a [project director \(PD\)](#) who will have direct, day-to-day responsibility for grant activities. The PD should:
 - Be a board-certified pediatrician with subspecialty certification in pediatric pulmonology.^[18]
 - Have three or more years of experience in pediatric pulmonary health care and related emerging issues, and systems of care for children and youth with special health care needs (CYSHCN).
 - Commit a minimum of 20% of their time to the PPC program grant, which may be a combination of grant and in-kind support. The 20% effort cannot be shared by two faculty members.

Subject matter expertise and continuing education

You are expected to:

- Provide consultation, subject matter expertise, and continuing education in pediatric pulmonary care topics, including emerging issues. These activities should reach a variety of MCH partners, including but not limited to:
 - Title V partners.
 - Practicing professionals.
 - Families.
 - Community partners.

Performance measurement and continuous quality improvement (CQI)

We expect you to measure your performance and conduct continuous quality improvement (CQI) activities. This includes:

- Measuring performance on key activities and program objectives.
 - Collect data and report annually on Discretionary Grants Information System (DGIS) measures noted in the [Reporting](#) section, such as:
 - Number and demographics of interdisciplinary graduate and postgraduate trainees.

- Number of families engaged in PPC training activities.
- Number of partnerships developed with Title V and MCH organizations.
- Former trainee outcomes. You are expected to track trainees for five years after they complete the PPC program and report on trainee outcomes as outlined in the DGIS [former long-term trainee survey](#).
- Collect and report annually in the non-competing continuation progress report on added measures that align with program goals and objectives.
- Report on the number and type of emerging issue(s) addressed through PPC activities.
- Work with MCHB and other PPC program recipients after award to identify or develop additional measures that will demonstrate the impact of your PPC program on improving systems of care for children with chronic pulmonary conditions and their families. This may include, but is not limited to:
 - Improving interdisciplinary systems of care that facilitate screening, assessment, or access to services.
 - System development activities that refer children and their families to other clinical, public health, and educational services.
- Conducting CQI activities that will inform and improve training processes and outcomes. You are encouraged to use ongoing feedback from trainees, faculty, and partners as part of your CQI activities.

Funding policies and limitations

Policies

- We will only make awards if this program receives funding.
- Support beyond the first budget year will depend on:
 - Availability of funds.
 - Satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we consider options such as:
 - Funding more applicants from the rank order list.
 - Extending the period of performance.
 - Awarding supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Budget in section 4.1.iv of the [R&R Application Guide](#). You can also see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations

Please refer to [Appendix A](#) to review additional information on trainee support costs.

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project and that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects. Learn more at [45 CFR 75.414](#), Indirect costs.

Indirect costs are determined using one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at time of award.

Method 2 – *De minimis* rate. [Per 45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. This rate is 10% of modified total direct costs (MTDC). [45 CFR 75.2](#) defines MTDC. You can use this rate indefinitely. If you use this rate, you must use it for all federal awards unless you negotiate a rate.

Program income

Program income is money earned as a result of your award-supported project activities. Program income must be added to the total project costs. Find more about program income at [45 CFR 75.307](#). You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 45 CFR 75.307.



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-026.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar on Tuesday, December 10 2024 at 2 pm EST. You can join at this Zoom link: <https://hrsa-gov.zoomgov.com/j/1610391390?pwd=wbrPuMwVU52AwayTl4uuYZj4KG4H6H.1>.

- Passcode: Cdf4H3E1

If you are not able to join through your computer, you can call in:

- Phone number: 833 568 8864
- Meeting ID: 161 039 1390
- Passcode: 92957441

We will record the webinar. If you are not able to join live, you can replay it at [Find Grant Funding | HRSA](#).

Need help? See [Contacts and Support](#).



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

Applications include 5 main components. This section includes guidance on each.

There is a 60-page limit for the overall application. Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission format	Included in the page limit?
Project abstract	Use the Project Abstract Summary form.	No
Project narrative	Use the Research and Related Other Project Information form.	Yes
Budget narrative	Use the Research and Related Budget form.	Yes
Attachments	Insert each in the Attachments form.	Yes, unless otherwise marked.
Other required forms	Upload using each required form.	No

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [R&R Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 4.1.ix of the [R&R Application Guide](#).

Project narrative

Use the Research & Related Other Project Information form to attach the project narrative. In the project narrative, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order as listed.

Introduction

See merit review criterion 1: [Need](#)

Briefly describe the purpose of your project.

Need

See merit review criterion 1: [Need](#)

- Identify and describe the unmet needs and gaps in the national, regional, or local pediatric pulmonary workforce that your project will address.
- Describe the target population(s) your PPC program will reach and their unmet health needs. Include information about gaps in systems of care to address complex health needs of children with respiratory conditions. Use and cite demographic data whenever possible to support the information you provide.
- Describe how you'll assess the unique needs of the trainees you serve, including any relevant barriers to their education and success in your program. These barriers might include physical health, psychological health, physical environment, social environment, and economic stability.

Approach

See merit review criterion 2: [Response](#)

Goals and objectives

- List the specific goals and objectives that respond to the [purpose](#) of the project. Provide specific, measurable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE) objectives for each proposed project goal.
- Tell us how you'll address [your stated needs](#).

Training and education

- Describe how you'll provide interdisciplinary graduate or post-graduate training that includes didactic, experiential, leadership, clinical, and research components.
- Provide a detailed outline of the PPC curriculum in [Attachment 2](#).
 - If you are proposing to support multiple types of trainees (for example, master's, post-master's, doctoral, and postdoctoral trainees), include a description of the requirements for each type of trainee.
- Describe how you'll include the following topics in your PPC curriculum:
 - Chronic respiratory disorders and emerging issues in respiratory health, such as sleep health or environmental health.
 - Systems of care for CYSHCN populations, including the Blueprint for Change.⁹
 - Cultural and linguistic responsiveness and life course approach.¹⁰

- Title V history and related MCH legislation, including policy making processes and the impact on MCH populations.
- Describe the expected competencies of your program graduates and the activities that will support trainees to achieve those competencies. Describe how your identified competencies align with MCH Leadership Competencies.⁸ Detail how you plan to measure achievement of these competencies.
- Describe how people with lived experience with chronic respiratory conditions and/or their family members will be included in curriculum delivery.

Trainee recruitment and retention

- Describe a plan to recruit and retain LTTs in pediatric pulmonary medicine, nursing, nutrition, social work, and one needs-based discipline. Detail how you will reach LTTs from the required disciplines that are from backgrounds underrepresented in the maternal and child health workforce, including but not limited to trainees from economically disadvantaged and racially/ethnically underrepresented backgrounds. State the anticipated number of trainees you'll reach each year.
- Describe how you'll identify the needs-based discipline for your program.
- Describe a plan to recruit and retain STTs and MTTs and how they will be engaged in the program.

Partnerships

- Describe how you'll include people with lived experience of chronic respiratory conditions and/or their family members when designing, implementing, and evaluating the program.
- Tell us how you'll strengthen academic-practice partnerships with one or more state Title V¹⁴ agencies and one or more other local, state, or regional MCH partner.
- Describe how you'll partner with other MCHB programs, such as MCHB-funded training programs,¹⁵ Family-to-Family Health Information Centers,¹⁶ or the National Center for a System of Services for Children and Youth with Special Health Care Needs¹⁷.
- Describe how you'll collaborate with other PPC recipients funded under this announcement, including a plan to participate in recipient calls and attend the annual recipient meeting.
- State your willingness to plan, develop, convene, and manage the annual recipient meeting one year during the period of performance.^[19]

Subject matter expertise and continuing education

- Describe the type of consultation, subject matter expertise, and continuing education opportunities that you'll offer and evaluate.
- Describe the target audience for these opportunities.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you'll achieve each of the objectives during the period of performance.
- Provide a workplan with a timeline in [Attachment 3](#) that describes the activities you'll use to achieve each proposed objective included in the [approach](#) section. The work plan and timeline should cover the entire five-year period of performance and should align with and be supported by the needs assessment, proposed budget, and organizational capacity.

Resolving challenges

See merit review criterion 2: [Response](#)

- Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan.
- Explain approaches that you'll use to resolve them.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

- **Monitoring.** Describe how you'll track progress on project activities over the period of performance. Provide an initial list of measures—such as indicators and metrics—you'll use to monitor progress on project activities.
- **Performance measurement.** Provide your plan for measuring and tracking program goals and objectives outlined in the [purpose section](#). The plan should include required and/or proposed measures outlined in the [program requirements and expectations](#) section and plans for the timely collection and reporting of all measures.
 - See [Reporting](#) for more information.
 - Propose a plan to track LTTs for five years after training. Include strategies you'll use to maintain contact with program graduates and methods you'll use to survey graduates and limit loss to follow-up.
 - Describe how you'll assess the impact of your program on improving systems of care for children with chronic pulmonary conditions and their families.

- Detail how you'll work with partners across other systems—such as public health and education—to collect information about referrals or other systems measures.
- Discuss how systems measures align with the Blueprint for Change and Title V priorities in your state or region.
- State your willingness to partner with MCHB post-award to identify or develop additional measures that will demonstrate the impact of your PPC program on improving systems of care.
- **Continuous quality improvement.** Describe your plans for using and incorporating information from trainees, faculty, or other partners to improve your PPC courses and activities.
- **Data systems and capacity.**
 - Describe how you'll collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, and continuous quality improvement.
 - Describe your staff's skills, knowledge, and capacity to collect, manage, and report data in a timely manner.
- **Outcomes.**
 - Describe the expected outcomes of funded activities, aligning with your project goals and objectives.
 - Describe a plan for measuring the outcomes and impact of participating in your program on trainees and faculty, including but not limited to:
 - Post-graduation outcomes of trainees, including those collected through the DGIS former long-term trainee survey.
 - Impact on trainees' career choices and pathways.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to sustain key project elements that build workforce capacity and improve systems of care. Propose a plan for project sustainability and describe the actions you'll take to:

- Explore and obtain future sources of funding, including in-kind support from your institution.
- Sustain key elements of your project beyond the federal funding period.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you'll resolve these challenges.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your institution's mission and structure. Explain how they will help you carry out the program requirements. You'll include a [project organizational chart](#) in your attachments.
- Discuss how you'll follow the approved project plan, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Describe the organizations you'll partner with to fulfill the program goals and meet the training objectives. Include key agreements and letters of support, including at least one letter from a Title V program, in [Attachment 5](#).
- State how much time the PD will commit to the PPC program. Describe how the PD will meet the [program requirements and expectations](#). Describe how the PD will manage leadership and oversight of the PPC program in addition to their other responsibilities (such as teaching, research, or other grant-funded projects).
- Describe your expectations for faculty in mentoring and advising trainees.
- Faculty qualifications:
 - Describe how you'll identify and support at least one faculty member from the five core disciplines (pediatric pulmonary medicine, nursing, nutrition, social work, and needs-based discipline) each year.
 - Describe how you'll support faculty time to assure dedicated faculty time for meeting the objectives of the training program.
 - Document faculty and staff experience with designing, developing, implementing, and evaluating MCH training activities, in addition to their experience managing training resources and working with other training entities.
- Include a staffing plan and job descriptions for key faculty and staff in [Attachment 6](#).
- Include biographical sketches for key staff using the Research and Related Senior/Key Person Profile form. See [Other required forms](#).

Budget and budget narrative

See merit review criterion 6: [Support Requested](#)

Complete the information in the Research and Related Budget form. Your **budget** should follow the instructions in section 3.1.4. Project Budget Information of the [R&R Application Guide](#) and any specific instructions listed in this section. Your budget should show a well-organized plan.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and nonfederal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

Reminder: Indirect costs for training awards cannot exceed 8% of modified total direct costs.

The **budget narrative** supports the information you provide in the Research and Related Budget Form. See [Other required forms](#). It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

To create your budget justification narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

Additional instructions specific to this NOFO follow.

Trainee support costs

- Identify the expected number of trainees.
- Include tuition, fees, health insurance, stipends, travel, subsistence, and other proposed costs that will be provided to trainees from this award.
 - Separate these costs from others so we can identify them easily.
- Include a subtotal entitled "Total Trainee Support Costs" with the summary of these costs.
- Please refer to [Appendix A](#) to review additional information on trainee support costs.

Preceptor costs

Preceptors can be your employee, contractor, or consultant. Preceptor costs are different from trainee costs, which are for your students. Allowable preceptor costs may include:

- Stipends, other than to employees or allowance.
 - Percent of salary (for employees).
- Continuing education, other trainings, and fees.
- Travel.

Note: You cannot require students to pay for preceptor costs.

- If the preceptor is an employee, specify those costs under Section B, Other Personnel; Section D, Travel; and Section F, Other Direct Costs.
- If the preceptor is a consultant or contractor, lists those costs under Section F, Other Direct Costs.
- Include the number of preceptors in your budget narrative.

Consultant services

Identify each consultant, the services they will perform, the total number of days, travel costs, and the total estimated costs.

Recipient meeting

While internal planning for the annual PPC recipient meeting must remain consistent with a budget of \$25,000, you should not include these annual meeting costs in your overall budget request. Your proposed PPC budget should not exceed \$340,000 per year, as annual meeting supplemental funding will not be finalized until post-award.

Attachments

Place your PDF attachments in order in the Attachments form.

Attachment 1: Accreditation and certification status

Provide documentation of your Accreditation Council for Graduate Medical Education (ACGME) accreditation status. Please do not provide the web link to the accreditation body's website.

Provide documentation of your active certification in pediatric pulmonary medicine by the American Board of Pediatrics (ABP).

Attachment 2: PPC curriculum

Outline your current or anticipated PPC curriculum that trainees must complete. Include course descriptions, clinical experiences, community and public health opportunities, leadership, research activities, and any other requirements.

Attachment 3: Work plan

Attach the project's work plan. Make sure it includes everything required in the [project narrative](#) section. Your work plan should be in a table format and must:

- Include the timeline for each activity.

- Identify faculty, staff, and/or other personnel who are responsible for each activity.
- As applicable, identify the key partners that will help you achieve each activity.

Attachment 4: Project organizational chart

Provide a one-page diagram that shows the project's organizational structure.

Attachment 5: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. At least one letter must be from a Title V program.

If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables.

It is not necessary to include the entire contents of lengthy agreements, as long as the portions you include describe the working relationship between you and the other organization.

Make sure letters of agreement are signed and dated.

Attachment 6: Staffing plan and job descriptions

See Section 3.1.7 of the [R&R Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description that includes the role, responsibilities, and qualifications.

Attachment 7: Project Director Certification

Provide documentation in the form of a signed letter on organizational letterhead, from the Chair of the Department of Pediatrics or the Dean of the School of Medicine providing evidence that the proposed Project Director retains an active certification in pediatric pulmonology medicine by the ABP.

Attachments 8 - 15: Other relevant documents

Include any other documents that are relevant to your application.

Other required forms

You will need to complete some other forms. Upload the following listed forms listed below at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Research & Related Other Project Information	With application
SF-424 (R&R)	With application
R&R Subaward Budget Attachment(s)	With application
Research and Related Senior/Key Person Profile (Expanded)	With application
Project/Performance Site Location(s)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award

Form instructions

In addition to the requirements for the [project abstract](#), [budget narrative](#), [project narrative](#), and [attachments](#), following are instructions for each of the other forms required by this NOFO. See the [application checklist](#) for a full list of all application requirements.

Research and Related Other Project Information

In addition to the requirements in the [project narrative](#) section, you will provide some additional information in this form.

- Complete sections 1 through 6.
- Upload a blank document in item 7: Project Summary/Abstract to avoid a cross-form error with your Project Abstract Summary Form.
- Upload your project narrative in item 8.
- Leave items 9, 10, and 11 blank.

SF-424 (R&R)

This is your application for federal assistance. Follow the instructions in Section 3.1.1 of the [R&R Application Guide](#). This is the application for Federal Assistance.

R&R Subaward Budget Attachment(s)

You will also complete the R & R Subaward Budget Attachment Form for each subaward you propose. These include subcontracts. You will do this using the R & R Subaward Budget Attachment(s) Form.

To complete the budget forms follow the instructions.

- Once you open this form, you can select “Click here to extract the R&R Subaward Budget Attachment.”
- Save the file and then open it to complete it.
- Once you save the file you can upload it within the form.
- Repeat the steps for each subaward.

If you have more than 10 subawards, you may upload the extra budget forms in the Research and Related Other Project Information form in Block 12 “Other Attachments.”

Research and Related Senior/Key Person Profile (Expanded)

Include biographical sketches for people who will hold key positions. Try to use no more than one page per person. These sketches count toward the page limit.

Do not include non-public, personally identifiable information.

If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.

Upload sketches in the Research and Related Senior/Key Person Profile (Expanded) form.

Include:

- Name and title.
- Education and training. For each entry include institution and location, degree and date earned, if any, and field of study.
- Section A, Personal Statement. Briefly describe why the individual’s experience and qualifications make them well-suited for their role.
- Section B, Positions and Honors. List in chronological order previous and current positions and honors. Include present membership on any federal government public advisory committee.
- Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.

- Other information, if applicable. This could include language fluency and experience working with populations that are culturally and linguistically different from their own.

Project/Performance Site Locations(s)

Follow the form instructions in [Grants.gov Forms](#). Use the “Next Site” option rather than “Additional Location(s)” to add more than one project/performance site location.

Disclosure of Lobbying Activities (SF-LLL)

Follow the form instructions in [Grants.gov Forms](#).



Step 4:

Learn About Review and Award

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit Review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	20 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need

10 points

See project narrative [introduction](#) and [need](#) sections.

The panel will review your application for how well it:

- Describes the purpose of the project and the need for the PPC training program.
- Describes unmet needs and gaps in the pediatric pulmonary care workforce.
- Describes the target population, their unmet care needs, and how the PPC program will reach them.
- Describes any relevant barriers to trainees' access to education and success in their program.

Criterion 2: Response

35 points

See project narrative [approach](#), [high-level work plan](#), and [resolving challenges](#) sections.

The panel will review your application for:

Approach (25 points)

- How well the applicant's proposed project responds to the program's [purpose](#).
- The strength of the proposed goals, objectives, and activities, and how well they relate to the project and stated problem.
- The strength and quality of a plan to include persons that have lived experience with chronic respiratory conditions and/or their family members in PPC program planning, implementation, and evaluation, including as faculty, staff, consultants, and/or trainees.
- The strength and quality of the PPC curriculum in [Attachment 2](#).
- The strength of proposed trainee competencies and how the applicant plans to measure the achievement of these competencies.
- The strength and quality of a plan to provide interdisciplinary training.
- The degree to which the applicant's trainee recruitment and retention strategies are complete, feasible, and capable of reaching trainees from backgrounds that are underrepresented in the pediatric pulmonary workforce.
- The quality and feasibility of a plan for providing consultation, subject matter expertise, and continuing education to MCH organizations, including state Title V agencies.
- How well the applicant describes a plan to coordinate and collaborate with other MCHB programs, including MCHB-funded Training Programs.
- How well the applicant describes a plan to collaborate with other PPC recipients, including participation in recipient calls and the annual recipient meeting.

Work plan (7 points)

- The extent to which the work plan is clear and specific, including by identifying activities, responsible project personnel, and key partners.
- The feasibility of the work plan, considering the extent to which it proposes reasonable timelines that are achievable and align with the objectives proposed in the approach section.

Resolution of Challenges (3 points)

- How well the applicant describes the obstacles and challenges they may face during project design and implementation. This includes the quality of their plan to deal with them.

Criterion 3: Performance reporting and evaluation

20 points

See project narrative [performance reporting and evaluation](#) section.

The panel will review your application for:

- How well the applicant describes clear monitoring procedures, including an initial list of measures to monitor progress.
- The applicant's plan and ability to collect data on the measures specified in the [program requirements and expectations](#), including DGIS measures and additional measures to be reported in the non-competing continuation progress report.
- The feasibility and completeness of the applicant's plan to track and survey program graduates for up to five years post-training.
- The strength and feasibility of the applicant's plan to assess the impact of their PPC program on improving systems of care, and whether the applicant is willing to partner with MCHB to identify or develop new measures.
- The quality of the applicant's plan to collect and use feedback to improve PPC coursework and other activities.
- The applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
- The strength and effectiveness of the applicant's plan to measure the outcomes and impact of program participation on trainees and faculty.

Criterion 4: Impact

10 points

See project narrative [high-level work plan](#) and [sustainability](#) sections.

The panel will review your application for:

- The feasibility of the plan to accomplish program objectives.
- How effective the proposed project is likely to be.
- How strong of an impact on improved systems of care the proposed project is likely to have.
- How likely the project results could be national in scope.

- The strength of the plan to obtain future funding and resolve identified challenges to sustainability.

Criterion 5: Resources and capabilities

15 points

See project narrative [organizational information](#) and [performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

- How well the applicant organization demonstrates capabilities to accomplish the proposed project.
- How well the applicant demonstrates adequate facilities—such as clinical facilities—to fulfill the needs of the proposed project.
- The strength and feasibility of the partnerships and collaborations that will help the applicant carry out the proposed project.
- How well the applicant demonstrates that project staff have the training or experience to carry out the project.
- How well the applicant demonstrates that the project director has adequate experience and capacity to lead the project.

Criterion 6: Support requested

10 points

See [budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the project's goals, objectives, and activities.
- Whether the project director and key staff have adequate time devoted to the project to achieve project objectives.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.

- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.

We may:

- Consider the larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [R&R Application Guide](#) for more information.



Step 5:

Submit Your Application

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Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

You must submit your application by February 18, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

See [Contacts and Support](#) if you need help.

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process.

If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Form	See instructions	Included in page limit?*
<input type="checkbox"/> Project Abstract Summary	Project abstract	No
<input type="checkbox"/> Research and Related Other Project Information	Project narrative and form instructions	Only the project narrative counts toward the page limit
<input type="checkbox"/> Research and Related Budget	Budget and budget narrative	Only the budget narrative counts toward the page limit
<input type="checkbox"/> Attachments	Attachments	
1. ACGME Accreditation	Attachment 1	No
2. PPC curriculum	Attachment 2	Yes
3. Work plan	Attachment 3	Yes
4. Project organizational chart	Attachment 4	Yes
5. Agreements with other entities	Attachment 5	Yes
6. Staffing plan and job descriptions	Attachment 6	Yes
7. Project director certification	Attachment 7	Yes
8-15. Other relevant documents	Attachments 8 - 15	Yes
<input type="checkbox"/> SF-424 (R&R)	Form instructions	No
<input type="checkbox"/> R&R Subaward Budget Attachment(s)	Form instructions	Yes*
<input type="checkbox"/> Research and Related Senior/Key Person Profile (Expanded)	Form instructions	Yes*
<input type="checkbox"/> Project/Performance Site Location(s)	Form instructions	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	Grants.gov Forms	No

* Only what you attach to a form counts toward the page limit. The form itself does not count.



Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The HHS [Grants Policy Statement \(GPS\)](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your Notice of Award (NOA).
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).

Nondiscrimination and legal

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining to promote equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You'll need to follow specific cybersecurity guidelines if you receive an award and will be accessing HHS systems or handling personal identifiable information or personal health information. These include requirements such as:

- Creating a cybersecurity plan.
- Limiting access and training your staff on cybersecurity and privacy.
- Using multifactor authentication and antivirus software.
- Routinely backing up data.
- Creating incident response plans and reporting any cybersecurity incidents to HHS.

To see full details, see [Manage Your Grant](#).

Reporting

If your application is successful, you will have to follow the reporting requirements in Section 4 of the [R&R Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require progress reports each year.
- **DGIS Performance Reports.** Available through the [Electronic Handbooks \(EHBs\)](#), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.
- You can find the list of administrative forms and performance measures for this program at <https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRSA-25-026&ActivityCode=T72>. The type of report required is determined by the project year. You can see the full OMB-approved reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of report	Reporting period	Available date	Report due date
New Competing Performance Report	July 1, 2025, through June 30, 2030 This report includes administrative data and performance measure projections, as applicable.	Period of performance start date.	120 days after the available date.
Non-Competing Performance Report	July 1, 2025, through June 30, 2026 July 1, 2026, through June 30, 2027 July 1, 2027, through June 30, 2028 July 1, 2028, through June 30, 2029	Beginning of each budget period (years two through five, as applicable).	120 days after the available date.
Project Period End Performance Report	July 1, 2029, through June 30, 2030	Period of performance end date.	90 days after the available date.

Termination

If we determine that priorities have changed, or that the project cannot attain its goals, we can terminate the award. See [45 CFR 75.372\(a\)\(2\)](#). If we decide to terminate the award, we will provide notice and an explanation to all recipients before the end of the budget period. Before termination, recipients may provide comments on the notice. Termination is a discretionary action that is not subject to appeal.



Contacts and Support

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Agency contacts

Program and eligibility

Nikki West

Public Health Analyst, Division of MCH Workforce Development

Attn: Pediatric Pulmonary Centers Program

Maternal and Child Health Bureau

Health Resources and Services Administration

Email your questions to this program's inbox: NWest@hrsa.gov

Call: 240-638-7518

Financial and budget

Carla Lloyd

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to this program's inbox: Clloyd@hrsa.gov

Call: 301-443-0164

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA R&R Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Division of Maternal and Child Health Workforce Development](#)
- [MCH Leadership Competencies](#)
- [MCH Timeline](#)
- [Title V Information System](#)
- [Blueprint for Change](#)

Appendix A: Standards for Using MCHB Grant Funds to Support Trainees

Definitions

- A **long-term trainee (LTT)** is an individual enrolled for 300 or more hours in the MCHB training program. Trainees are qualified to participate if they are currently pursuing a graduate degree (master's or doctoral), are participating in postdoctoral training, or are a family member engaging in PPC training. LTT status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).
- There are two types of **medium-term trainees (MTTs)**:
 - **Level 1**—Medium-term trainees completing 40 to 149 program hours in a program (Level 1 may not receive stipend support in any instance); and
 - **Level 2**—Advanced medium-term trainees completing 150 to 299 program hours in a program. Stipends for advanced medium-term trainees are awarded at the discretion of the grant recipient. Trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).
- A **stipend** is allowable as cost-of-living allowances for trainees. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles.^[20] This is also known as a “participant support cost” per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements of [45 CFR part 75](#).
- A **salary** is allowable for trainees who are considered employees by the university/hospital and conducting activities necessary to the Federal award. They are subject to the reporting requirements in § 75.430 and must be treated as direct or indirect cost in accordance with the actual work being performed. All provisions detailed in the following section also apply to salaries, unless stated otherwise. Please consult the [HHS Grants Policy Statement](#) for information about taxability of stipends.

Qualifications for receiving stipends, tuition, and salary support under the PPC program

- Trainees receiving stipends or salary under this program will generally be long-term trainees and should represent the [five core disciplines](#) required by the PPC program.
 - Prior approval from HRSA is required for stipend support of long-term trainees from other disciplines.
 - If the recipient is unable to recruit a long-term trainee from each of the five core disciplines, prior approval from HRSA is required to provide stipend support to an advanced medium-term trainee in lieu of a long-term trainee.
- Stipends for advanced medium-term trainees are allowable. If the recipient has met the requirements for stipend support of long-term trainees from the five core disciplines, stipends for advanced medium-term trainees may be provided at the discretion of the recipient.
- Tuition support may be provided to trainees enrolled full-time or part-time for academic credits.
- In general, an LTT must:
 - Have at least a bachelor's degree and be enrolled in a graduate program, or
 - Participate as a family member, self-advocate, or practicing professional.
- A special trainee may be approved, upon request to the MCHB PO after award, only in those unusual circumstances where particular needs cannot be met within the categories described above.
- A trainee receiving financial support from grant funds under this program must be a citizen, noncitizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other "qualified alien" under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended. Individuals on temporary or student visas or with Deferred Action for Childhood Arrivals (DACA) status are not eligible to receive financial support from grant funds.

Restrictions

- Only LTTs and advanced MTTs may receive stipends from the grant funds.
- **Concurrent Support**– Stipends or salary generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to the training or employment for the same hours counted toward the HRSA-funded PPC training. Exceptions to these restrictions may be requested to the MCHB PO, after award, and will be considered

on an individual basis. Trainees may participate in multiple federally funded activities concurrently, so long as:

- There is no duplication of hours or activities between the two programs.
- The total of federally funded stipends received does not exceed the allowable threshold referenced in the [stipend and salary levels section](#).
- If a federal notice of funding opportunity does not provide guidance on concurrent support, project personnel are advised to consult with the project officer and/or grants management specialist to confirm that the terms of each federal program will allow this practice.
- **Supplementation:** Stipends may be supplemented by an organization from federal or nonfederal funds. Project personnel must receive approval or authorization from each federal funding agency to confirm that the terms of each federal program will allow this practice.
- **Non-related duties:** The funding recipient shall not use funds from this award to require trainees to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.
- **Field training:** Funded recipients may not use grant funds to support field training, except when such training is part of the specified requirements of a training program or is authorized in the approved application.
- You may use grant for costs associated with reasonable modifications and accommodations for trainees with disabilities. You may not deduct these costs from trainee stipends.
- Grant funds may not be used:
 - For the support of any trainee who would not, in the judgment of the recipient, be able to use the training or meet the minimum qualifications specified in the approved plan for the training.
 - To continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program.
 - For support of candidates for undergraduate or pre-professional degrees or credentials.
 - To provide support or compensation to individuals employed in any capacity by the United States government for their participation in activities supported through federally- funded mechanisms.

Trainee costs

Allowable costs^[21]:

- Stipends or salary (except as indicated above).

- Tuition and fees^[22].
- Travel related to training and field placements (international travel requests require prior approval).
- Postdoctoral or post-residency fellows may be supported via stipend or salary:
 - If supported via salary, fringe benefits are an allowable cost.
 - If supported via stipend, only medical insurance for the trainee is an allowable fringe benefit cost.
- Temporary dependent care costs that directly result from travel to conferences are allowable provided that:
 - The costs are a direct result of the individual's travel for the Federal award.
 - The costs are consistent with the non-Federal entity's documented travel policy for all entity travel.
 - Are only temporary during the travel period.

Non-allowable costs:

- Dependent or family member allowances, except the temporary dependent care costs as indicated above.
- Daily commuting costs.
- Fringe benefits or deductions which normally apply only to persons with the status of an employee or for an individual trainee.
- Programmatic restriction: An LTT stipend is allowed for the completion of 300 or more hours of training. For trainees approved to complete long-term training over two years, their stipend may be prorated over the course of their training.

Stipend and salary levels

The Division of MCH Workforce Development (DMCHWD) has adopted stipend levels established by Kirschstein-National Research Service Awards (NRSA) for trainees and fellows (pre-doctoral and postdoctoral). Dollar amounts indicated in this NOFO are subject to update by the NIH as reflected in this issuance. All approved stipends indicated are for a full calendar year and must be *prorated for the training period*, as appropriate. The stipend levels may, for the DMCHWD, be treated as ceilings rather than mandatory amounts. That is, stipends may be less than *but may not exceed* the amounts indicated.

However, where lesser amounts are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation, and which ensures equitable treatment for all eligible trainees and fellows. Recipients may

develop policies and protocols for considering various factors, such as need, to increase equitable distribution of stipends.

These [stipend levels](#) were updated on April 23, 2024.

Undergraduate trainees

One stipend level is used for all undergraduate trainees.

Career level	Years of experience	Stipend for FY 2024	Monthly stipend
Undergraduates	All	\$14,340	\$1,195

Pre-doctoral trainees

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career level	Years of experience	Stipend for FY 2024	Monthly stipend
Pre-doctoral	All	\$28,224	\$2,352

Postdoctoral trainees

The stipend level for the entire first year of support is determined by the number of full years of relevant postdoctoral experience when the award is issued. Relevant experience may include:

- Research experience, including industrial.
- Teaching assistantships.
- Internships.
- Residencies.
- Clinical duties.
- Other time spent in a health-related field beyond that of the qualifying doctoral degree.

Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. The stipend for each additional year of PPC training is the next level in the postdoctoral stipend table below and does not change mid-year.

Determination of the number of years of relevant experience is made in accordance with program guidelines. Trainees receive credit for experience before they entered the program, as well as for previous participation in the program. The number of years of

relevant experience is determined based on the date the trainee begins their training, not on the date when the grant's budget period begins.

These stipend levels should be used to guide support for postdoctoral and post-residency trainees, whether supported via stipends or salary.

Career level	Years of experience	Stipend for FY 2024	Monthly stipend
Postdoctoral	0	\$61,008	\$5,084
	1	\$61,428	\$5,119
	2	\$61,884	\$5,157
	3	\$64,356	\$5,363
	4	\$66,492	\$5,541
	5	\$68,964	\$5,747
	6	\$71,532	\$5,961
	7 or more	\$74,088	\$6,174

Appendix B: PPC Trainee Disciplines and Qualifications

For the purposes of this NOFO, LTTs are people who complete 300 or more program hours per year. The following five core disciplines are required each year in the 5-year period of performance:

- **Pediatric pulmonary medicine trainee:** Individuals participating in three-year, non-degree-conveying post-residency fellowships in pediatric pulmonary medicine. The fellowship program must comply with [Accreditation Council for Graduate Medical Education \(ACGME\)](#) recommendations and guidelines for fellowship education in pediatric pulmonary medicine.
- **Nursing trainee:** Master's or doctoral candidates. You may also consider people in post-master's clinical fellowships (advanced practice registered nurses) up to one year.
- **Nutrition trainee:** Master's or doctoral candidates. You may also consider people in post-master's clinical fellowships (registered dietitians) up to one year.
- **Social work trainee:** Master's or doctoral candidates. You may also consider people in post-master's clinical fellowships (licensed certified social work-clinical) up to one year.
- **Needs-based discipline trainee:** Your program will select this discipline based on local, state, or regional workforce needs.

In addition to the five required disciplines, PPC recipients may also include:

- **Family trainees:** Family members (such as parents or siblings) or individuals with special health care needs who do not meet the educational requirements of health-related disciplines. Family trainees should have informal (experiential) training or knowledge based on self-care or care of a family member and may participate for up to one year. Family trainees can participate in PPC training as LTTs or level 2 MTTs. These trainees are recommended but optional.
- **Other related health discipline trainees:** Master's or doctoral candidates. You may also consider people in post-master's clinical fellowships up to one year. These trainees are recommended but optional.

Faculty and Trainee Summary Table

Core faculty	Condition	Stipend-supported LTTs	Condition
Pediatric pulmonary medicine faculty (can be PD)	Required	Pediatric pulmonary medicine fellow	Required
Nursing faculty	Required	Nurse trainee	Required
Nutrition faculty	Required	Nutrition trainee	Required
Social work faculty	Required	Social work trainee	Required
Needs-based faculty	Required	Needs-based trainee	Required
Family leader	Optional	Family trainee	Optional (LTT or MTT 2)

Endnotes

1. For this funding opportunity, trainees are defined as master's, doctoral, postdoctoral students or family members engaging in PPC training. ↑
2. <https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant> ↑
3. Brew, B. K., Osvald, E. C., Gong, T., et al. (2022). Pediatric asthma and non-allergic comorbidities: A review of current risk and proposed mechanisms. *Clinical and Experimental Allergy*, 52(9), 1035-1047. <https://doi.org/10.1111/cea.14207> ↑
4. Schuster, J. E., & Williams, J. V. (2018). Emerging respiratory viruses in children. *Infectious Disease Clinics of North America*, 32(1), 65-74. <https://doi.org/10.1016/j.idc.2017.10.001> ↑
5. Noah, T. L., Boyer, D., Davis, S. D., Vinci, R. J., & Oermann, C. M. (2024). Child health and the pediatric pulmonology workforce: 2020–2040. *Pediatrics*, 153(Supplement 2). <https://doi.org/10.1542/peds.2023-063678q> ↑
6. Residency and Fellowship Statistics | The American Board of Pediatrics. (n.d.). www.abp.org. Retrieved June 12, 2024, from <https://www.abp.org/content/residency-and-fellowship-statistics> ↑
7. Camargos, P., & Watts, K. D. (2021). Inequalities and inequities in pediatric respiratory diseases. *Pediatric Clinics of North America*, 68(1), 293–304. <https://doi.org/10.1016/j.pcl.2020.09.017> ↑
8. *Maternal and Child Health Leadership Competencies* | MCHB. (2023, August 1). <https://mchb.hrsa.gov/programs-impact/focus-areas/building-mch-leaders-mch-workforce/leadership-competencies> ↑
9. *Blueprint for Change* | MCHB. (2024, January 1). <https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn/blueprint-change> ↑
10. Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). Lifecourse health development: past, present and future. *Maternal and Child Health Journal*, 18 (2), 344–365. <https://doi.org/10.1007/s10995-013-1346-2> ↑
11. A long-term trainee (LTT) is an individual enrolled for 300+ hours in the MCHB training program. ↑
12. Medium-Term Trainees (MTT) include two types: 1) Level 1 – those completing 40–149 program hours in a program (Level I may not receive stipend support in any instance; and 2) Level 2 – advanced medium-term trainees completing 150–299 program hours in a program. ↑
13. Short-term trainees are trainees receiving less than 40 contact hours in a training program. ↑
14. *Title V Information System*. (n.d.). Retrieved July 8, 2024, from <https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport> ↑
15. *Division of Maternal and Child Health Workforce Development (DMCHWD)* | MCHB. (2024, July 1). <https://mchb.hrsa.gov/about-us/our-offices-divisions/division-maternal-child-health-workforce-development-dmchwd> ↑
16. *Family-to-Family (F2F) Health Information Centers* | MCHB. (2024, May 1). <https://mchb.hrsa.gov/programs-impact/programs/f2f-health-information-centers> ↑
17. *National Center for a System of Services for Children and Youth with Special Health Care Needs*. (n.d.). <https://www.aap.org/en/patient-care/national-center-for-a-system-of-services-for-children-and-youth-with-special-health-care-needs> ↑
18. *Pediatric Pulmonology Certification* | The American Board of Pediatrics. (n.d.). <https://www.abp.org/content/pediatric-pulmonology-certification> ↑

19. Within three months after the start of the period of performance, the six awarded PPC programs will develop a schedule of rotating annual meeting hosting responsibilities for each year of the 5-year period of performance. The host recipient will coordinate with MCHB program staff in selecting both the date and location of the annual meeting to facilitate coordination with other national meetings. ↑
20. HHS Grants Policy Statement (<https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>) ↑
21. Uniform Administrative Requirements ([UAR 45 CFR § 75.466\(a\)](#).) and the [HHS Grants Policy Statement \(HHS GPS\)](#). ↑
22. Under 45 CFR 75.466(a), tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities. Other requirements also apply. ↑