Issuance Date: 07/19/2024

HRSA-25-077
Application Due 09/20/2024

HRSA-25-091
Application Due 09/05/2024

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

# Teaching Health Center Graduate Medical Education (THCGME) Program

Opportunity number: HRSA-25-077
Opportunity number: HRSA-25-091

# Step 1:
# Review the Opportunity

**In this step**

# Basic information

## The key facts

Bureau of Health Workforce

Division of Medicine and Dentistry

Opportunity name: Teaching Health Center Graduate Medical Education (THCGME) Program

Opportunity numbers: HRSA-25-091 and HRSA-25-077

Federal Assistance Listing Number: 93.530

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

## Summary

The purpose of the THCGME Program is to support the training of residents in primary care residency 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 under HRSA-25-091 will support residents starting in academic year 2024-2025. Funding under HRSA-25-077 will support residents starting in academic year 2025-2026.

This funding will support both the direct expenses associated with sponsoring approved graduate medical residency training programs and indirect expenses associated with the additional costs related to teaching residents in residency training programs. The funding is available for expansion of existing approved residency programs and the establishment of newly approved residency programs.

Note: You must apply to the correct announcement number (HRSA-25-091 or HRSA-25-077) that corresponds to the stated dates listed below. These notices are for multiyear funding. If you are funded under HRSA-25-091, you will be funded beginning AY 24-25, and you do not need to then apply for AY 25-26 funding.

### Have questions?

Go to Contacts & Support.

## Key dates

Application deadline:

- HRSA-25-091: September 5, 2024
- HRSA-25-077: September 20, 2024

NOFO issue date: July 19, 2024

Expected award date is by:

- HRSA-25-091: November 1, 2024
- HRSA-25-077: June 30, 2025

Expected start date:

- HRSA-25-091: November 1, 2024
- HRSA-25-077: July 1, 2025

## Funding detail

**HRSA-25-091**

Application Type: New

Expected total available FY 2025 funding: $10 million

Expected number and type of awards: 6 awards

Funding range per award: $160,000 to $10,000,000 per award

The FY 2025 HRSA THCGME Program payment is formula-based and provides a payment for both Direct Medical Education (DME) and Indirect Medical Education (IME) expenses. The FY 2025 per resident amount will be $160,000 per resident FTE.

For HRSA-25-091 only, you may incur pre-award project costs 90 calendar days before the Federal award date. Payments made through this announcement are to only be used for the direct expenses associated with sponsoring an approved graduate medical residency training program and indirect expenses associated with the additional costs relating to teaching residents in residency training programs. All costs incurred before we issue the Notices of Award (NoA) must comply with the Notice of Funding Opportunity (NOFO) requirements. We are under no obligation to reimburse such costs if for any reason you do not receive an award, costs are in conflict with the Cost Principles, or if the dollar amount of the award is less than anticipated and inadequate to cover such costs.

We plan to fund new and expansion awards in four budget periods for a period of performance of November 1, 2024, to June 30, 2029.

| Period of Performance | Budget Period Start Date | Budget Period End Date |
|---|---|---|
| Year 1 | November 1, 2024* | June 30, 2026 |
| Year 2 | July 1, 2026 | June 30, 2027 |
| Year 3 | July 1, 2027 | June 30, 2028 |
| Year 4 | July 1, 2028 | June 30, 2029 |

*As noted earlier, pre-award costs incurred between August 1, 2024 and October 31, 2024 may be charged to this budget period.

**HRSA-25-077**

Application Type: New

Expected total available FY 2025 funding: $80 million

Expected number and type of awards: 41 awards

Funding range per award: $160,000 to $10,252,864 per award

The FY 2025 HRSA THCGME Program payment is formula-based and provides a payment for both DME and IME expenses. The FY 2025 per resident amount will be $160,000 per resident FTE.

This NOFO is being issued for administrative purposes should funding become available. The program and estimated number of awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations. The total expected funding of $80 million is based on requested amount for the Teaching Health Center GME program included in the President's Budget for FY 2025 and depends on Congressional action to appropriate the funds.

We plan to fund new or expansion awards in four 12-month budget periods for a total 4-(four) year period of performance of July 1, 2025, to June 30, 2029.

| Period of Performance | Budget Period Start Date | Budget Period End Date |
|---|---|---|
| Year 1 | July 1, 2025 | June 30, 2026 |
| Year 2 | July 1, 2026 | June 30, 2027 |
| Year 3 | July 1, 2027 | June 30, 2028 |
| Year 4 | July 1, 2028 | June 30, 2029 |

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can return to where you were by pressing Alt + Backspace.

# Eligibility

## Who can apply

You can apply if you are a community-based ambulatory patient care center that operates an accredited primary care residency program, or has formed a GME consortium that operates an accredited primary care residency program, in one of the following specialties/disciplines:

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

## Types of eligible organizations

If otherwise eligible, these types of domestic organizations (see note) may apply:
An eligible entity is a community-based ambulatory patient care center that:

**i.** Operates an accredited primary care residency program; or

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

a. In order to satisfy accreditation, academic and administrative responsibilities, a community-based ambulatory patient care center may form a GME consortium with partners (e.g., academic health centers, universities and/or medical schools, teaching hospitals, and critical access hospitals) where the GME consortium serves as the institutional sponsor of an accredited primary care residency program.

b. 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.

c. 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.

d. Teaching hospitals and academic institutions can be part of a GME consortium to assist with academic and administrative responsibilities.

Teaching hospitals and academic institutions are NOT eligible recipients of THCGME funding.

The list provides examples of community-based ambulatory patient care centers. This list is not exhaustive but does reflect the intent of the program to support training in settings such as those served by the institutions listed below.

Note: "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.

### Community-based Ambulatory Patient Care Center

- Federally Qualified Health Centers (FQHC)
- Community Mental Health Centers (CMHC)
- Rural Health Clinics
- Health Centers operated by the Indian Health Service (IHS)
- Health Centers operated by Tribes or Tribal Organizations
- Health Centers operated by Urban Indian Organizations
- Entities receiving funds under Title X of the PHS Act

## Cost sharing

This program has no-cost sharing requirement.

## Program description

## Purpose

The purpose of the THCGME Program is 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. These notices announce the

opportunity to apply for funding under the THCGME Program.

This funding will support both the direct expenses associated with sponsoring approved graduate medical residency training programs and indirect expenses associated with the additional costs relating to teaching residents in residency training programs.

Two award types are available:

1. **Expansion awards** for an increased number of resident Full-Time Equivalent (FTE) positions at existing HRSA THCGME Programs.
2. **New awards** to support new resident FTE positions at new Teaching Health Centers (THCs). New THCs are those applicants seeking funding for residency programs that have never received payment under the HRSA THCGME Program for the applicable residency program in any previous fiscal year.

As described in 340H(h)(2)(B), all resident FTEs for whom THCGME support is requested must be above the program's resident FTE baseline and must not put the program above the number approved by or awaiting approval by, the relevant accrediting body. Please review program objectives for more information.

## Background

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 43,280 FTEs between 2021 and 2036.

NCHWA predicts an 8 percent increase in national demand for oral health professionals (that includes endodontists, general dentists, oral surgeons, orthodontists, pediatric dentists, periodontists, and other dentists) seeing a rise by 15,380 FTEs in 2036. While the overall supply of some oral health professionals may meet the projected demand for their professions, NCHWA data shows shortages in general dentistry for all years covered by the current projections (2021-2036).

The THCGME Program was started to meet the growing need for primary care and to offer a new model focusing on training physicians and dentists in places outside hospitals.

The THCGME Program strengthens the primary care workforce by providing funding to community-based organizations in order to focus on medical and dental training in community settings, especially aimed at rural and underserved areas. Its unique approach contrasts with the traditional GME models based in urban centers by:

- Training in community health settings; and
- Increasing the likelihood of graduates practicing in underserved areas.

Evidence shows that this model effectively places physicians in high-need locations.[1] [2]

## Program goal

To utilize the THCGME per resident amount established by the Secretary, inclusive of both DME and IME expenses, to support the costs associated with resident FTE training in a community-based ambulatory patient care center.

## Program Objectives

Applicants must support the training of primary care residents in an approved graduate medical residency training program in a community-based setting (see Program specific definitions). All applicants must designate the number of resident FTEs they are requesting support for under this NOFO. Resident FTE requests may not exceed the number approved by the relevant accrediting body and must be made according to the following requirements:

1. Expansion (new applications) – Existing HRSA THCGME residency program recipients may request expansion of resident FTEs above the baseline, which, for the purposes of this NOFO, is the number of resident FTEs trained by the program in Academic Year (AY) 2023-2024 for HRSA-25-091 and the number of resident FTEs trained by the program in AY 2024-2025 for HRSA-25-077. Such expansion requests can only be made for resident FTEs currently not otherwise funded by HRSA if the requested resident FTEs are not supported by other funding sources by the period of performance start date (HRSA-25-091 November 1, 2024 and HRSA-25-077 July 1, 2025).
    a. If applying for HRSA-25-091 training of newly supported THCGME residents must start in AY 2024-2025
    b. If applying for HRSA-25-077 training of newly supported THCGME residents must start in AY 2025-2026.

Existing THCGME Residency Programs that wish to request support for an expanded number of resident FTEs beyond the number stated in their most recent HRSA THCGME Program Resident FTE Approval Letter must submit an application for the expanded number of resident FTEs.

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

2. New THCs (new applications) – New residency program applicants must demonstrate the need for the number of resident FTE(s) being requested and that the number of resident FTEs being requested is above the program's baseline. The baseline is the number of resident FTEs trained by the program in AY 2023-2024 for HRSA-25-091 and the number of resident FTEs trained by the program in AY 2024-2025 for HRSA-25-077. New applicants may request THCGME support for resident FTEs if the requested resident FTEs are not supported by other funding sources by the period of performance start date (HRSA-25-091 November 1, 2024 and HRSA-25-077 July 1, 2025).
    a. If applying for HRSA-25-091 training of newly supported THCGME residents must start in AY 2024-2025
    b. If applying for HRSA-25-077 training of newly supported THCGME residents must start in AY 2025-2026.

Please note that a New THC is a "new approved graduate medical residency training program" as defined in section 340H(j)(2) of the PHS Act [42 U.S.C. 256h(j)(2)]) sponsored by an eligible entity that has not received a payment under the HRSA THCGME Program for a previous fiscal year for the residency training program in consideration.

## Program requirements and expectations

- Reconciliation - All HRSA THCGME funding is subject to annual reconciliation. During reconciliation, any changes to the number of resident FTEs reported by the award recipient will be calculated to determine a final amount payable for the budget period. Recipients must ensure FTE accuracy for HRSA and may face audits. Recipients must coordinate with teaching hospitals to avoid over-reporting FTEs for THCGME Program funding. Over-reporting could result in overpayment, and any overpayment will be recouped.
- Other Funding Sources - THCGME Program funds must be used for program activities and may not 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 resident FTE's slot(s). 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.
- Coordinate to prevent overpayment - 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 Children's Hospitals Graduate Medical Education (CHGME) Program. THCGME programs must coordinate closely to avoid overpayment for the same resident FTE time.

- A THCGME-affiliated teaching hospital may receive Centers for Medicare & Medicaid Services (CMS) IME payments, CHGME IME payments, and/or CMS/CHGME DME) claims for a THCGME-funded resident FTE in which no actual payment is received from CMS.
- A THCGME-affiliated teaching hospital that receives additional CMS DME payments or CHGME DME payments for the same THCGME resident's FTE time, will lead to the THCGME payment being reduced by the amount of DME received by the recipient.

- Other funding sources, such as state funding, grants, and endowments, must not overlap with THCGME-supported activities.
- Accreditation/Institutional Sponsorship - The eligible community-based ambulatory patient care center or GME consortium must be accredited in one of the primary care specialties/disciplines listed in the Eligibility section above and 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.
- Applicants must maintain their accreditation throughout the award period of performance.
- In the event of an organizational change (program directors, sponsoring institutions, etc.), recipients must notify HRSA and submit a prior approval request for the change through HRSA Electronic Handbooks (EHB) system.

# Funding policies & limitations

## Policies

- Support beyond the first budget period will depend on:
  - Appropriation of funds
  - Satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.

## Program-specific limitations

- Payments made through this announcement are to only be used for the direct expenses associated with sponsoring an approved graduate medical residency training program and indirect expenses associated with the additional costs relating to teaching residents in residency training programs.

- THCGME Program funds may not be used for residency program development (e.g., the costs associated with accreditation).

See Manage Your Grant for other information on costs and financial management.

## THCGME Program Payment Overview

- Current per resident amount for FY 2025: $160,000 per resident FTE
- Payments support both DME and IME

The FY 2025 HRSA THCGME Program payment is formula-based and provides a payment for both DME and IME expenses. The FY 2025 per resident amount will be $160,000 per resident FTE.

Future per resident amounts may vary based on funding and changes as determined appropriate by the Secretary.

## Program income

Program income is money earned as a result of your award-supported project activities. 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

**In this step**

# 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.

## 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.

Need Help? See Contacts & Support.

# 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-25-091 and HRSA-25-077.

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.

## Join the webinar

We will hold a pre-application technical assistance (TA) webinar. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website to learn more about the resources available for this funding opportunity.

# Step 3:
# Write Your Application

**In this step**

Application contents & format

# Application contents & 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 budget figures using U.S. dollars.

Make sure you include each of these:

| Components | Submission Form | Included in the page limit? |
|---|---|---|
| Project abstract | Use the Project Abstract Summary Form. | No |
| Project narrative | Research and Related Other Project Information | Yes |
| Budget narrative | Use the Research and Related Budget Form. (Line L) | Yes |
| Attachments | Insert each in the Other Attachments form. | Yes, unless otherwise marked below. |
| Other required forms | Upload using each required form. | Indicated in the other required forms section. |

See the application checklist for a full list of all application requirements. See form instructions for more detail on completing each form.

## Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 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. When applicable, identify if you are requesting a funding priority or preference. For more information, see section 4.1.ix of the R&R Application Guide.

The Abstract must also include:

1. Name of the graduate medical training program;
2. Discipline of the residency program;
3. Type of application—Expansion or New;
4. Eligible Entity type;
    - State the type and name of community-based ambulatory patient care center based on Eligible Entities, and
    - Whether the community-based ambulatory patient care center operates the residency program alone or as part of a GME consortium.

5. Year program first began training residents;
6. Organization website address;
7. A brief overview of the residency 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;
8. Total resident FTE positions requested to be funded under this program for all post-graduate years of training, e.g., 12 (4-4-4) resident FTE above the baseline resident FTEs trained by the program in the prior AY;
    - If applying for HRSA-25-091 use AY 2023-2024.
    - If applying for HRSA-25-077 use AY 2024-2025.
9. Resident FTE positions requested to be funded under this program for the first AY of funding, e.g., 4 (4-0-0); and
    - If applying for HRSA-25-091 use AY 2024-2025.
    - If applying for HRSA-25-077 use AY 2025-2026.
10. Rotation Sites: State if residents within the applicant residency program will perform rotations at a hospital rotation site(s) that has not provided resident training in any prior AY.

# Project narrative

In this section, you will describe all aspects of your project. Use the section headers and the order below.

## Introduction & purpose

See merit review criterion 1: Purpose & need

- Briefly describe the purpose and mission of your residency program.

## Need

See merit review criterion 1: Purpose & need

- Describe the trainees and their unmet needs this program will address. Trainees include residents and fellows participating in the residency program.
- Discuss any relevant barriers to trainees' access to education and success in your program. These barriers might include physical health, psychological health, physical environment, social environment, and economic stability.

- Describe the population served by the community-based ambulatory patient care center(s) that will host the residency program.
- Identify any rural and/or underserved populations that will be served through this project.
- Describe how your residency program is expected to improve the workforce and improve health in your community.
- State the number of resident FTE(s) you are requesting for THCGME support.
- Use and cite demographic data whenever possible.

## Approach

### See merit review criterion 2: Response

- Provide documentation in Attachment 1 and describe your current accreditation status:
    - **If applying for HRSA-25-091**. Your residency program must already have current accreditation.
    - **If applying for HRSA-25-077**. If your residency program is in the process of obtaining accreditation and/or approval from the relevant accrediting body to expand the number of accredited positions within the program, describe the progress the program has made toward achieving accreditation and/or approval to expand residency training by the June 1, 2025 deadline specified in this NOFO.
    - If your residency program has not yet begun training residents (i.e., currently has a baseline of zero (0) residents), describe the steps that you have taken to ensure that the program will be operational in AY 2025-2026.
- Tell us how you'll address your stated needs and meet the program requirements and expectations described in this NOFO.
- Describe your residency program education and training curriculum, including how your program will prepare graduates for primary care careers in rural and underserved areas.
- Highlight any unique aspects of training at the program, including any training in the following areas: high-need communities or populations served by the program, mental health, substance/opioid use disorders, public health, community medicine, rural health, and telehealth.
- Describe the clinical capacity of your community-based ambulatory patient care center and training partners to meet accreditation requirements.
- Describe your plans to recruit high quality residents who demonstrate a commitment to practice in rural and underserved communities and to develop competencies to serve diverse populations and communities, as described in the Introduction & purpose and Need sections.

- For previously existing non-THCGME residency programs, describe historical program outcomes, including your program's graduate retention and placement in Health Professional Shortage Areas (HPSAs), Medically Underserved Communities (MUCs), and/or rural areas.
- Include strategies for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration efforts to involve patients, families, and communities.
- Explain your strategies to improve trainees' cultural competence to meet the needs of underserved communities. Include those that increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
- Include a plan to distribute reports, products, or project outputs to target audiences, as applicable.
- Describe the adequate facilities available to fulfill the needs of the proposed project.

## High-level work plan

See merit review criterion 2: Response

- Provide a detailed work plan that demonstrates your experience implementing a primary care residency program.
- Provide a timeline that includes each activity and identifies who is responsible for each. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.
- Include the extent to which these stakeholders address the needs of the populations and communities served.
- Identify the extent to which these stakeholders have the necessary competencies to serve the cultural, linguistic, and/or geographic diversity of the relevant populations and communities.
- Explain your strategies to improve trainees' cultural competence to meet the needs of underserved communities. This includes strategies that increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.

## Resolving challenges

See merit review criterion 2: Response

- Describe the obstacles and challenges the residency program may face during project implementation. Explain approaches that you'll use to resolve them.

## Performance reporting and evaluation

See merit review criteria 3: Impact & 4: Resources & capabilities

- **Performance Reporting**. See THCGME Program Reporting Manual for performance measure requirements and examples of reporting forms.
    - Describe how you will collect and report required performance data accurately and on time.
    - Describe how you will manage and securely store data.
        - Include how you will report National Provider Identifier (NPI) numbers for participants. Project trainees in eligible disciplines must apply for and report on an NPI.
    - Describe your process to track practice patterns of trainees after program completion for up to 1 year.
        - Include collecting trainees' NPI.
    - Describe how you will monitor and analyze performance data to support continuous quality improvement.
- **Program Evaluation**. The evaluation should examine processes and progress towards the goal, program objectives, and expected outcomes. Evaluations must follow the HHS Evaluation Policy, as well as the standards and best practices described in OMB Memorandum M-20-12. Describe your plan to evaluate the project. Include:
    - The evaluation questions, methods, data to be collected, and timeline for implementation.
    - The evaluation barriers and your plan to address them.
    - The evaluation capacity of your organization and staff. Include experience, skills, and knowledge.
    - How you will disseminate results, how you will assess whether your dissemination plan is effective, whether the results are national in scope, and the extent of potential replication.
- See Reporting for more information.

## Sustainability

### See merit review criterion 3: Impact

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Describe the actions you'll take to:
  - Highlight key elements of your projects. (Examples include training methods or strategies that have been effective in improving practices.)
  - Obtain future sources of funding.
  - Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

## Organizational information

### See merit review criterion 4: Resources & capabilities

Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Include a project organization chart.

- Discuss how you'll follow the approved plan, account for federal funds, and satisfy reporting requirements to avoid audit findings.
- Describe how you'll assess the unique needs of the trainees you serve.
- Describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include all members of any consortium, how finances will be managed and what role each member plays, along with key agreements Attachment 3 and letters of support Attachment 8.
- For GME consortiums, explain how the community-based ambulatory patient care center will receive direct funds through the consortium and how it is a significant member of the consortium (e.g., its role in the selection of trainees and faculty and the development of rotation schedules and curriculum.) Describe how residency program partner training sites will get funds.
- Include a staffing plan and job descriptions for key faculty and staff in Attachment 4.
- Include biographical sketches, not to exceed TWO pages in length, for key staff using the Research & Related Senior/Key Person Profile form. See Standard Forms.

# Budget & budget narrative

See merit review criterion 5: Support requested

The THCGME Program is a formula-based payment program that does not require submission of a formal budget.

A Resident FTE Request Justification for the number of resident FTEs requested is required.

## Resident FTE Request Justification

The number of resident FTEs requested will determine your THCGME funding amount. You must provide a justification for the number of resident FTEs you are requesting, see Research and Related Budget Form section L for upload instructions.

Describe how the additional FTEs will address the needs of your program and the community your program serves.

A strong justification will be supported by data and examples, account for accreditation requirements, and be directly related to the Introduction & Purpose and Need sections.

- Resident FTE requests should align with the documentation provided in the Eligible Resident/Fellow FTE Chart Attachment 5.
- For existing HRSA-funded THCs requesting expansion of resident FTEs, the resident FTE number requested should be above the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter.
- For existing non-HRSA funded THCs, the resident FTE number requested should be above your reported and attestation confirmed number of baseline FTE slots.

# Attachments

Place your PDF attachments in order in the Other Attachments form.

## Attachment 1: Accreditation documentation

Required - Counts toward page limit.

You must provide documentation of your residency accreditation, or probationary accreditation from the appropriate accrediting body (ACGME or CODA). Please do not provide only the web link to the accreditation body's website. HRSA will not open any links included in the application.

Documentation must clearly identify the residency program's institutional sponsor, number of approved resident positions, dates of accreditation, and any noted citations (if applicable).

Applicants that are in the process of obtaining accreditation must provide documentation from the appropriate accrediting body demonstrating that the accreditation process has been initiated prior to the application due date.

- If applying for HRSA-25-091. Note that documentation of accreditation must be provided with application for the applicant to be considered eligible through this announcement.
- If applying for HRSA-25-077. Note that documentation of accreditation must be received by HRSA by no later than June 1, 2025, for the applicant to be considered eligible through this announcement.

**Applicants will not receive THCGME Program funds if documentation of accreditation is not received by HRSA by the deadlines specified above. Relevant accreditation application documentation should be included if an application is pending.**

## Attachment 2: Residency program organizational chart

### Required - Counts toward page limit.

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

## Attachment 3: Letters of agreement, memoranda of understanding, and contracts

### As Applicable - Counts toward page limit.

Provide any documents that describe working relationships between your organization and other organizations and programs you cite in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and partners and any deliverables. Make sure any letters of agreement are signed and dated. If letters of support are required for eligibility, include in this attachment.

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 CHGME Program for the purposes of receiving GME payments.

Affiliation agreements with CMS-naïve hospitals, defined as hospitals that have not previously trained medical residents, must include acknowledgement that new residents rotating at these sites will trigger the CMS resident FTE cap-building period.

**NOTE: Abbreviated/shortened documentation of relevant Letters of Agreement, Memoranda of Understanding, and/or Description of Proposed/Existing Contracts is acceptable to accommodate the page limit noted in this NOFO.**

Documentation provided should be clear, concise, and address all requirements described above.

## Attachment 4: Staffing plan & job descriptions for key personnel

### Required - Counts toward page limit.

See Section 4.1.vi 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.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

## Attachment 5: Eligible Resident/Fellow FTE Chart

### As Applicable - Counts toward page limit.

Upload a copy of the completed Eligible Resident/Fellow FTE Chart.

- If applying for HRSA-25-091: The chart must include the total resident training numbers from the previous five academic years (if applicable), proposed total resident training numbers for AY 2024-2025 through AY 2028-2029, and requested THCGME resident FTE for AY 2024-2025 through AY 2028-2029.
- If applying for HRSA-25-077: The chart must include the total resident training numbers from AY the previous five academic years (if applicable), proposed total resident training numbers for AY 2025-2026 through AY 2028-2029, and requested THCGME resident FTE for AY 2025-2026 through AY 2028-2029.

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.

## Attachment 6: Funding priority documentation

### As Applicable- Counts toward page limit.

Provide documents that prove you qualify for the funding priority.

See Selection Process for information about how these apply.

## Attachment 7: Proof of nonprofit status

### As Applicable- Does not count toward in the page limit.

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the Internal Revenue Service (IRS).

- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

## Attachment 8: Letters of Support

### As Applicable - Does not count toward the page limit.

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

## Attachment 9: THCGME Program Assurances

### As Applicable - Does not count toward the page limit.

Provide THCGME Program information on resident FTE time that qualifies to receive THCGME payments. You must submit a signed THCGME Program Assurances document confirming that you have reviewed and will comply. Please see Appendix A for instructions.

## Attachment 10: Documentation of Resident FTE Eligibility

### As Applicable - Does not count toward the page limit.

Provide documentation that the funds for the resident FTE slots you are requesting will not replace funds that have been provided from a different source for the same resident FTEs (e.g., in-kind, federal, state, local, tribal, non-profit or for-profit entity).

If applicable, provide documentation certifying that you have lost or will lose support for these requested positions by the November 1, 2024 (HRSA-25-091) or July 1, 2025 (HRSA-25-077), the project start dates.

## Attachment 11-15: Other Relevant Documents

### As Applicable - Does not count toward the page limit.

Include here any other document that is relevant to the application.

# Other required standard forms

You will need to complete some other forms. Upload the 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. See the application checklist for a full list of all application requirements.

| Forms | Submission Requirement |
|---|---|
| SF-424 R & R (Application for Federal Assistance) Form | Yes, with application. |
| Research and Related Other Project Information | Yes, with application. |
| Research and Related Senior/Key Person Profile (Expanded) Form | Yes, with application. |
| Research and Related Budget Form | Yes, with application. |
| R & R Subaward Budget Attachment(s) Form | Not applicable, with application. |
| Project/Performance Site Locations(s) Form | Yes, with application. |
| Disclosure of Lobbying Activities (SF-LLL) Form | If applicable, with the application or before the award. |

* Only what you attach in addition to these forms counts against the page limit. The form itself does not count.

# Form instructions

## SF-424 R&R Form

### Does not count against the page limit

Follow the instructions in section 4.1 of the R&R Application Guide.

## Research and Related Other Project Information

### Only the project narrative counts against the page limit

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.

## Research and Related Senior/Key Person Profile (Expanded) Form

### Does not count against the page limit

In addition to the requirements in Organizational Information, follow these instructions.

- Include biographical sketches for people who will hold the key positions.
- Try to use no more than two pages in length per person.
- Do not include personally identifiable information (i.e. social security number, personal address, phone number, etc).
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in this 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. List any 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 they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

  Please note, the R&R Application Guide states that biographical sketches count toward the page limit. However, for this Notice of Funding Opportunity, your biographical sketches will not count toward the page limit.

## Research and Related Budget Form

### Only the Resident FTE Request Justification counts against the page limit

Your application package contains a required R&R Budget Form.

- Input zeros in blocks A-K.
- Use block L. Budget Justification -Attach the Resident FTE Request Justification to the SF-424 R&R Budget Form.

## R & R Subaward Budget Attachment(s) Form

### Not applicable

### Project/Performance Site Location(s) Form

Counts against the page limit*

Follow the form instructions in Grants.gov

### Disclosure of Lobbying Activities (SF-LLL) Form

Does not count against the page limit

Follow the form instructions in Grants.gov.

# Step 4:
# Learn About Review & Award

**In this step**

# Application review

## Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.
- Does not include the appropriate tables.
- Fails to include all required documents
- Requests funding for residency programs in specialties/disciplines outside of those listed in the Eligibility section or that have not obtained accreditation by the project start date.

Also, we will not review any pages over the page limit.

## Merit review

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

| Criterion | Total number of points = 100 |
|---|---|
| 1. Purpose & need | 20 points |
| 2. Response | 35 points |
| 3. Impact | 15 points |
| 4. Resources & capabilities | 20 points |
| 5. Support requested | 10 points |

### Criterion 1: Purpose & need

*20 points*

See Project Narrative, Introduction & purpose, and Need sections.

The panel will review your application for how well it:

- Describes the purpose and mission of your residency program.
- Describe the trainees and their unmet needs this program will address. Trainees include residents and fellows participating in the residency program.

- Discuss any relevant barriers to trainees' access to education and success in your program. These barriers might include physical health, psychological health, physical environment, social environment, and economic stability.
- Describe the population served by the community-based ambulatory patient care center(s) that will host the residency program.
- Identify any rural and/or underserved populations that will be served through this project.
- Describe how your residency program is expected to improve the workforce and improve health in your community.
- State the number of resident FTE(s) you are requesting for THCGME support.
- Use and cite demographic data whenever possible.

## Criterion 2: Response

*35 points*

See Project Narrative Approach, High-level work plan, and Resolving challenges sections.

**Approach (20 points).**

The panel will review your application for how well it:

- Proposes a detailed work plan that demonstrates your experience implementing a primary care residency care program.
- Describes and provides evidence of its accreditation status.
    - If applying for HRSA-25-077: Residency programs that have not yet begun training residents, must describe steps that they have taken to ensure the program will be operational in AY 2025-2026.
- Describes its residency program education and training curriculum, including plan to prepare graduates for primary care careers in rural and underserved areas.
- Highlights any unique aspects of training at the program, including any training in the following areas: high-need communities or populations served by the program, mental health, substance/opioid use disorders, public health, community medicine, rural health, and telehealth.
- Describes the clinical capacity of their community-based ambulatory patient care center and training partners to meet accreditation requirements.
- Describes plans to recruit high quality residents who demonstrate a commitment to practice in rural and underserved communities and to develop competencies to serve diverse populations and communities, as described in the Introduction & purpose and Need sections.

- Previously existing non-THCGME residency programs will be expected to describe historical program outcomes, including program's graduate retention and placement in Health Professional Shortage Areas (HPSAs), Medically Underserved Communities (MUCs), and/or rural areas.
- Includes strategies for ongoing staff training, teamwork, and information sharing. Also includes strategies for outreach and collaboration efforts to involve patients, families, and communities.
- Explains strategies to improve trainees' cultural competence to meet the needs of underserved communities. Include those that increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
- Includes a plan to distribute reports, products, or project outputs to target audiences.

**High-Level Work Plan (10 points)**. The panel will review your application for how well it:

- Proposes a detailed work plan that demonstrates their experience implementing a primary care residency care program.
- Provides a timeline that includes each activity and identifies who is responsible for each.
- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.
- Includes the extent to which these stakeholders address the needs of the populations and communities served.
- Identifies the extent to which stakeholders have the necessary competencies to serve the cultural, linguistic, and/or geographic diversity of the relevant populations and communities.
- Explains strategies to improve trainees' cultural competence to meet the needs of underserved communities. This includes strategies that increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.

**Resolution of Challenges (5 points).**

The panel will review your application for how well it:

- Describes the obstacles and challenges you may face with your residency program during project implementation. This includes the quality of your plan to deal with them.

## Criterion 3: Impact

*15 points*

See Project Narrative Performance reporting and evaluation and Sustainability sections.

**Performance reporting and evaluation (10 points)**.

The panel will review your application for how well it:

- Proposes an effective project that is likely to have a strong public health impact on the community or target population.
- Demonstrates strong and effective methods to monitor and evaluate project results.
- Includes measures that will assess that program objectives have been met and to what extent the results are because of the project.
- Presents a quality plan to collect and manage data to ensure accurate and timely performance.
- Describes your process to collect, manage, store, and report NPI numbers for eligible participants. This includes a process to track trainees after program completion for up to one year.
- Proposes to use collected data for continuous quality improvement and to monitor and evaluate project results.
- How well you anticipate evaluation obstacles and how you propose to address them.

**Sustainability (5 points).**

The panel will review your application for how well it:

- Proposes a solid plan for sustaining the project beyond the federal funding.
- Describes likely challenges to be encountered in sustaining the program and describes logical approaches to resolving the challenges.
- Describe the actions you'll take to:
  - Highlight key elements of your projects. (Examples include training methods or strategies that have been effective in improving practices.)
  - Obtain future sources of funding.
  - Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

### Criterion 4: Resources & capabilities

*20 points*

See Organizational information and Performance reporting and evaluation sections. The panel will review your application to determine whether:

- Project staff have the training or experience to carry out the project.
- You have the capabilities to fulfill the needs of the proposed project.
- You have adequate facilities available to fulfill the needs of the proposed project.
- Discuss how you'll follow the approved plan, account for federal funds, and satisfy reporting requirements to avoid audit findings.
- Describe how you'll assess the unique needs of the trainees you serve.
- Describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include all members of any consortium, how finances will be managed and what role each member plays, along with key agreements Attachment 3 and letters of support Attachment 8.
- For GME consortiums, explain how the community-based ambulatory patient care center will receive direct funds through the consortium and how it is a significant member of the consortium (e.g., its role in the selection of trainees and faculty and the development of rotation schedules and curriculum.) Describe how residency program partner training sites will get funds.

### Criterion 5: Support requested

*10 points*

- The extent to which the application provides a significant justification for the number of resident FTEs requested. A strong justification will address both the needs of the residency program and the community served and be supported by data and examples, account for accreditation requirements, and be directly related to the Introduction and purpose and Need sections.

## Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Review any applicable past performance
- Review audit reports and findings
- 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 over $250,000. 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:

- Merit review results. These are key in making decisions but are not the only factor.
- The amount of available funds.
- Assessed risk.
- The funding priorities, funding preferences, and special considerations.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Choose to fund no applications under this NOFO.

## Funding priorities

This program includes a funding priority required by Section 340H(a)(3) of the PHS Act [42 U.S.C. 256h(a)(3)], in making awards to new THCs. A funding priority adds points to merit review scores if we determine that the application meets the criteria below. Qualifying for a funding priority does not guarantee that your application will be successful.

The THCGME Program has three (3) funding priorities that will be reviewed. HRSA staff will review and apply funding priorities.

Applicants eligible for multiple priorities may apply for and receive priority points under multiple priorities. All information submitted by applicants is subject to verification.

**Priority 1: Health Professional Shortage Area (HPSA) (5 Points)**

We will give you a funding priority if the main community-based ambulatory patient care center training site is in a qualifying HPSA. HPSAs are designations that indicate health care workforce shortages in Primary Care, Dental Health, or Mental Health and may be geographic, population, or facility based.

To determine if your training site is located in a HPSA, use the Find Shortage Areas by Address tool. If your training site is located in a HPSA, submit documentation of your HPSA score in Attachment 6. HPSA types will be matched to relevant residency specialties – Dental Health HPSA for dental residency programs, Mental Health HPSA for psychiatry residency programs, and Primary Care HPSA for all other disciplines. If your training site has more than one HPSA designation (geographic, population, and/or facility), you will be granted a funding priority based on the higher HPSA score.

Up to 5 priority points are available for the HPSA priority. Points will be awarded based on a sliding scale determined by the HPSA score of the main community-based ambulatory patient care center training site as follows:

- HPSA score of 0-5 = 1 point
- HPSA score of 6-10 = 2 points
- HPSA score of 11-15 = 3 points
- HPSA score of 16-20 = 4 points
- HPSA score of 21 or greater = 5 points

**Priority 2: Medically Underserved Community (2 Points)**

We will give you a funding priority if the main community-based ambulatory patient care center training site serves a medically underserved community as defined in section 799B of the PHS Act [42 U.S.C. 295p]. A medically underserved community includes any of the following areas or populations:

- Is eligible to be served by a:
  - Migrant Health Center under Section 329 of the PHS Act [42 U.S.C. 254b];
  - Community Health Center under Section 330 of the PHS Act [42 U.S.C. 254c]; grantee under Section 330(h) of the PHS Act (relating to homeless individuals) [42 U.S.C. 254b(h)];
  - Public Housing Primary Care Program grantee under Section 340A of the PHS Act [42 U.S.C. 256a];

- Is determined to have a shortage of personal health services under the criteria at Section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)]; or
- Is designated by a State Governor as a shortage area or medically underserved community.

If you are requesting the medically underserved community priority, you must provide documentation in Attachment 6 that your main community-based ambulatory patient care center qualifies under one of the listed options. This may include proof of your center's HPSA and/or MUC score.

**Priority 3: Rural (2 Points)**

You will be granted a funding priority if the main community-based ambulatory patient care center training site is in a rural area as defined in section 1886(d)(2)(D) of the Social Security Act [42 U.S.C. 1395ww(d)(2)(D)]. CMS defines rural in accordance with Medicare regulations at 42 CFR 412.64(b)(ii)(C); that is, a rural area is an area outside of an urban Metropolitan Statistical Area. Note that this excludes hospitals that are physically located in an urban area but reclassify to a rural area under 42 CFR 412.103.

To determine if the main training site is located in a county that is rural for CMS inpatient prospective payment system (IPPS) wage index purposes, refer to the FY 2019 "County to Core Based Statistical Area (CBSA) Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available to download on the FY 2019 IPPS Final Rule Homepage. This file contains two tabs: 1) a crosswalk of county codes to CBSAs and 2) a list of Urban CBSAs and Constituent Counties for Acute Care Hospitals Files. Please refer to the "Crosswalk" tab in this file. Rural counties are those in which the "CBSA" column is blank. Provide a statement stating that the county of the main community-based ambulatory patient care center is in a rural county in accordance with CMS rules in Attachment 6.

# Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 5.4 of the R&R Application Guide for more information.

# Step 5: Submit Your Application

**In this step**

# Application submission & deadlines

See Find 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, and specifically with regard to grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See Get Registered. You will have to maintain your registration throughout the life of any award.

## Deadlines

### Application

If applying for HRSA-25-091 you must submit your application by September 5, 2024, at 11:59 p.m. ET.

If applying for HRSA-25-077 You must submit your application by September 20, 2024, at 11:59 p.m. ET.

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

You may submit more than one application if each proposes a distinct residency program. We will only review your last validated application for each distinct residency program before the deadline. Multiple applications from an organization with the same UEI are not allowed.

## Submission method

### Grants.gov

You must submit your application through Grants.gov. See get registered.

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 & Support if you need help.

# Other submissions

## Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

## Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 45 CFR 75.113.

To tell us about a violation, write to HRSA:

via attachment as part of your application
AND
Office of Inspector General at grantdisclosures@oig.hhs.gov.

For full details, visit HHS OIG Grant Self Disclosure Program.

# Application checklist

Make sure that you have everything you need to apply:

| Form | See instructions | Included in page limit? |
|---|---|---|
| ☐ Project Abstract Summary | Project abstract Form instructions | No |
| ☐ Research and Related Other Project Information | Project narrative Form instructions | Only the attached project narrative |
| ☐ Resident FTE Justification Request Form | Budget & budget narrative Form instructions | Only the attached justification |
| ☐ Attachments<br>Include:<br>☐ 1-Accreditation documentation<br>☐ 2-Residency program organizational chart<br>☐ 3-Letters of agreement, MOAs, & contracts<br>☐ 4-Staffing plan & job descriptions<br>☐ 5-Eligible resident/fellow FTE chart<br>☐ 6-Funding priority documentation<br>☐ 7-Proof of nonprofit status<br>☐ 8-Letters of Support<br>☐ 9-THCGME Program Assurances<br>☐ 10-Documentation of Resident FTE Eligibility | Attachments | Yes, except the following attachments: 7- Proof of nonprofit status; 8-Letters of Support, 9-THCGME Program Assurances; 10-Documentation of Resident FTE Eligibility* |

| | | |
|---|---|---|
| ☐ 11-15-Other relevant documents (as applicable)<br>If you have additional material to submit, such as explanations of mandatory disclosures, you can use this form. | | |
| ☐ SF-424 (R & R) | Form instructions | No |
| ☐ Research and Related Senior/Key Person Profile (Expanded) | Project narrative, organizational information<br>Form instructions | No |
| ☐ R & R Subaward Budget Attachment(s) | Form instructions | Not applicable |
| ☐ Project/Performance Site Locations(s) | Form instructions | Yes* |
| ☐ Disclosure of Lobbying Activities (SF-LLL) | Form instructions | No |

* Only what you attach in addition to these forms counts against the page limit. The form itself does not count.

# Step 6: Award

**In this step**

Post-award requirements & administration

# Post-award requirements & administration

## Administrative & 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.
- Applicable regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The termination provisions in 45 CFR 75.372.
- The HHS Grants Policy Statement (GPS). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.

  See the requirements for performance management in 2 CFR 200.301.

## Non-discrimination & assurance

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.

## Reporting

If you are successful, you will have to follow the reporting requirements Section 6 of the R&R Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require a Performance Report annually via the Electronic Handbooks (EHBs).
- All HRSA recipients must collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRMA) and the Foundations for Evidence-Based Policymaking Act of 2018.

The Annual Performance Report (APR) collects data on all academic year activities from July 1 to June 30. It is due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the grant, HRSA may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends. The 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. Failure to provide complete and accurate information required by the statute may result in a reduction of the amount payable by at least 25 percent. Prior to imposing any such reduction, the recipient will be provided notice and an opportunity to provide the required information within 30 days, beginning on the date of such notice. You can find examples of APRs at Report on Your Grant on the HRSA website. Performance measures and reporting forms may change each academic year. HRSA will provide additional information in the Notice of Award (NOA).

- **Final Program Report**: due within 120 calendar days after the period of performance ends. The Final Report is designed to provide HRSA with information required to close out a project after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report must be submitted online at HRSA EHBs and include 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 because of the payment. Changes to the objectives from the initially approved payment.

- **Annual Reconciliation Tool**. The recipient must submit an annual reconciliation tool that provides actual resident FTEs trained in the budget period (i.e., AY). The reconciliation tool reporting occurs immediately following the budget period AY. Any FTE overpayments will be recouped by HRSA. THCGME award recipients may be subject to an FTE Assessment to verify accurate FTE reporting.

- THCGME 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.

# Contacts & Support

## In this step

# Agency contacts

## Program & eligibility

Angela Aldrich, DDS

Project Officer, Division of Medicine and Dentistry Attn: THCGME Funding Program

Bureau of Health Workforce

Health Resources and Services Administration

Telephone: (301) 594-3731

Email: aaldrich@hrsa.gov

## Financial & budget

Kim Ross

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

Telephone: (301) 443-2353

Email: kross@hrsa.gov

## 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

# Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. 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.

# Program specific 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 2025:

***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 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 that 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 AY. Multiple individuals' FTE time can sum to equal one full-time resident.

***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, and critical access 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 THC*** means a THC that sponsors a "new approved graduate medical residency training program" as defined in section 340H(j)(2) of the PHS 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 the residency training program in consideration.

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

# Helpful websites

- HRSA's How to Prepare Your Application page
- HRSA R&R Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Bureau of Health Workforce Glossary

# 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 applicable provisions of 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 10 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 those THCGME over-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 recipient 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:

**International 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 5 business days of receipt of any ACGME, CODA or any accrediting body's correspondences, including, but not limited to, citations, accreditation, etc.

Additionally, 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 and organizational structure. 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 number of the FTEs supported by the THCGME Program cannot exceed the number 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 number of FTEs requested for a budget period (i.e., the academic year (AY)) does not exceed the number 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 number 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 10 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 Name | Chief Financial Officer/Other Authorized Official Signature | Date Authorized Official |

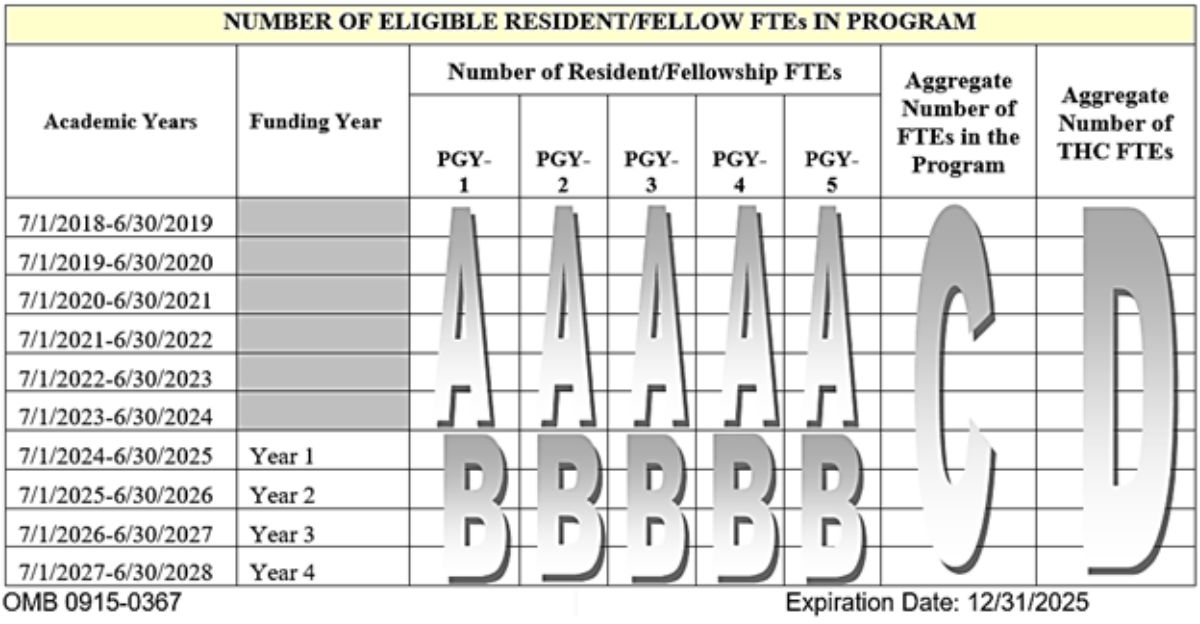
# Appendix B: Eligible Resident/Fellow FTE Chart

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 5:**




A. **Prior Training Years -** The baseline year is the number of resident/fellow FTEs your program trained in AY 2023-2024 if applying for HRSA-25-091 and AY 2024-2025 if applying for HRSA-25-077. 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 the previous five academic years. 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 during the previous five academic years, 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 applying for HRSA-25-091 or AY 2025-2026 if applying for HRSA-25-077. 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: The purpose of this information collection is to obtain information through the THCGME Program Eligible Resident/Fellow FTE Chart, where applicants provide data related to the size and/or growth of the residency program, resident enrollment, and projections for program expansion. 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 information collection is 0915-0367 and it is valid until 12/31/2025. Public reporting burden for this collection of information is estimated to average 1.25 hours 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 14N136B, Rockville, Maryland, 20857.