

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Policy Research Division

Rural Residency Planning and Development Technical Assistance Program

Funding Opportunity Number: HRSA-21-102
Funding Opportunity Types: New, Competing Continuation
Assistance Listings (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: May 21, 2021

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: April 9, 2021

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Authority: 42 U.S.C. 912(b)(5).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Residency Planning and Development (RRPD) Technical Assistance (RRPD-TA) Program. The purpose of this cooperative agreement is to provide technical assistance (TA) to HRSA's RRPD Program award recipients to support the creation of new rural residency programs that will expand the rural physician workforce. For the purposes of this notice of funding opportunity, rural residencies are allopathic and osteopathic physician residency programs in specialties as determined by HRSA that primarily train residents in rural clinical settings and focus on producing physicians who will practice in rural communities.

This cooperative agreement and the RRPD Program are complementary and seek to expand the number of rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas. Although the priority for TA will be RRPD Program award recipients, limited TA resources may be publicly available for other entities interested in developing new rural residency programs.

Funding Opportunity Title:	Rural Residency Planning and Development Technical Assistance (RRPD-TA) Program
Funding Opportunity Number:	HRSA-21-102
Due Date for Applications:	May 21, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$4,300,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Award Amount:	Up to \$4,300,000 over the 4-year period of performance. Award recipient will receive the full award amount in the first year of the period of performance and is required to allocate it across all four years.
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2025 (4 years)
Eligible Applicants:	Eligible entities are domestic public or private nonprofit organizations, including tribes and tribal organizations, faith-based and community-based organizations, institutions of higher education, state and local governments, and hospitals. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Friday, April 30, 2021

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Meeting ID: 160 237 7719

Participant Code: 83421351

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1602377719?pwd=SFpyamV6aHA2U3FNbnE4c0gzNG1Odz09](https://hrsa.gov.zoomgov.com/j/1602377719?pwd=SFpyamV6aHA2U3FNbnE4c0gzNG1Odz09)

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	2
II. AWARD INFORMATION	4
1. TYPE OF APPLICATION AND AWARD	4
2. SUMMARY OF FUNDING	5
III. ELIGIBILITY INFORMATION.....	6
1. ELIGIBLE APPLICANTS	6
2. COST SHARING/MATCHING	6
3. OTHER.....	6
IV. APPLICATION AND SUBMISSION INFORMATION.....	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION	7
i. Project Abstract	8
ii. Project Narrative	9
iii. Budget	15
iv. Budget Narrative.....	15
v. Attachments	16
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	18
4. SUBMISSION DATES AND TIMES	19
5. INTERGOVERNMENTAL REVIEW	19
6. FUNDING RESTRICTIONS	19
V. APPLICATION REVIEW INFORMATION.....	20
1. REVIEW CRITERIA.....	20
2. REVIEW AND SELECTION PROCESS	25
3. ASSESSMENT OF RISK	25
VI. AWARD ADMINISTRATION INFORMATION	26
1. AWARD NOTICES	26
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	26
3. REPORTING	27
VII. AGENCY CONTACTS.....	27
VIII. OTHER INFORMATION.....	28
APPENDIX A: GLOSSARY	30
APPENDIX B: RESOURCES	31

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration (HRSA) Rural Residency Planning and Development Technical Assistance (RRPD-TA) Program. The purpose of this cooperative agreement is to provide technical assistance (TA) to HRSA's Rural Residency Planning and Development (RRPD) Program award recipients to support the creation of new rural residency programs that will expand the rural physician workforce. The RRPD-TA award recipient will provide TA, tools and resources to current and future RRPD Program award recipients to help overcome significant challenges and barriers involved in developing new rural residency programs. The priority for TA will be RRPD Program award recipients. However, limited TA resources may be publicly available for other entities interested in developing new rural residency programs.

For the purposes of this notice of funding opportunity, rural residencies are allopathic and osteopathic physician residency programs in specialties as determined by HRSA that primarily train residents in rural clinical settings and focus on producing physicians who will practice in rural communities. Rural residencies may be rurally located or integrated with a separately accredited program within a larger, urban residency program, also known as a rural training track (RTT).

In FY 2018, HRSA funded a three-year cooperative agreement ([HRSA-18-117](#)) to establish a RRPD-TA center to identify and share resources with RRPD applicants and support RRPD Program award recipients. Thereafter, HRSA funded 27 ([HRSA-19-088](#)) organizations in FY 2019, up to \$750,000 per award, for a three-year period of performance to develop new, accredited, and sustainable rural residency programs. An additional 11 organizations were awarded funding in FY 2020 ([HRSA-20-107](#)) to develop rural residency programs in family medicine, internal medicine, psychiatry, obstetrics and gynecology (OB/GYN), general surgery, and public health and general preventive medicine (hereafter referred to as "preventive medicine"). RRPD Program award recipients may use their funding for recruiting residency program directors, faculty/staff development, accreditation, resident recruitment, and developing graduate tracking systems.

Program Objectives

- Promote the rural residency-to-rural workforce pipeline by supporting the development of new rural residency programs in family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, and other specialties as determined by HRSA in future NOFOs. TA provided may include assistance in curriculum development, faculty recruitment and development, clinical and community partnerships, and program administration;
- Support RRPD Program award recipients' efforts to establish and maintain new rural residency programs and achieve program accreditation by the Accreditation Council for Graduate Medical Education (ACGME);
- Assist with identifying, qualifying for, and securing (as applicable) Medicare graduate medical education (GME) funding and/or other sustainable pathways of funding rural residencies such as Medicaid, state, or private funding;

- Identify, track, analyze, and translate key policy, regulatory, and programmatic issues to inform RRPD Program award recipients and other rural stakeholders about changes, knowledge gaps, or other challenges impacting rural residency programs and rural GME funding;
- Analyze overall impact of the RRPD-TA and RRPD Program activities and funding on rural communities (e.g., rural physician workforce) in consultation with HRSA; and
- Promote rural residency training to medical students.

2. Background

This program is authorized by 42 U.S.C. § 912(b)(5), and will be administered by the Health Resources and Services Administration's (HRSA's) [Federal Office for Rural Health Policy](#) (FORHP) and in consultation with the [Bureau of Health Workforce](#) (BHW).

Approximately 18 percent of the population, roughly 57 million individuals, live in rural communities.¹ Residents of rural communities experience higher rates of poverty and chronic disease and generally have poorer health outcomes than their urban counterparts.² A 2019 Centers for Disease Control and Prevention (CDC) Report comparing potentially excess (or preventable) deaths from the five leading causes of deaths across America found higher percentages of preventable deaths in micropolitan and noncore counties than metro counties during 2010-2017.³ Compounding the rural-urban disparities is the lack of health care infrastructure and health professionals in rural communities to adequately address rural communities' needs.

Of the nearly 2,000 rural counties in the United States (U.S.), 1,904 (97 percent) are wholly or partially designated as a primary care health professional shortage areas (HPSAs).⁴ Although primary care physicians are more likely to practice in rural areas and are essential in referring rural patients to more specialized care in urban areas, provider workforce shortages continue to persist. In 2019, 157 (5 percent) and 733 (24 percent) rural counties lacked a family and internal medicine physician, respectively.⁵ Studies show that higher primary care physician densities and access to high-quality primary care correlate with better health outcomes, increased life expectancy, and reduced rates of hospitalization.⁶ Access to specialty care providers is even more challenging in rural communities: 80 percent of rural counties do not have a psychiatrist⁷

¹ HRSA Federal Office of Rural Health Policy: <https://www.hrsa.gov/rural-health/about-us/definition/index.html>

² ASPE Issue Brief: <https://aspe.hhs.gov/system/files/pdf/211061/RuralHospitalsDSR.pdf>

³ Garcia MC, Rossen LM, Bastian B, et al. Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017. *MMWR Surveill Summ* 2019;68(No. SS-10):1–11. DOI: https://www.cdc.gov/mmwr/volumes/68/ss/ss6810a1.htm?s_cid=ss6810a1_w

⁴ Rural Health Information Hub, Health Professional Shortage Areas: Primary Care, by County, 2020. Retrieved from <https://www.ruralhealthinfo.org/charts/5>

⁵ Larson EH, Andrilla CHA, Garbers on LA. Supply and Distribution of the Primary Care Workforce in Rural America: 2019. Policy Brief #167. WWAMI Rural Health Research Center, University of Washington; June 2020.

⁶ Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. *PLOS ONE* 24 April 2020 15(4): e0231443. <https://doi.org/10.1371/journal.pone.0231443>

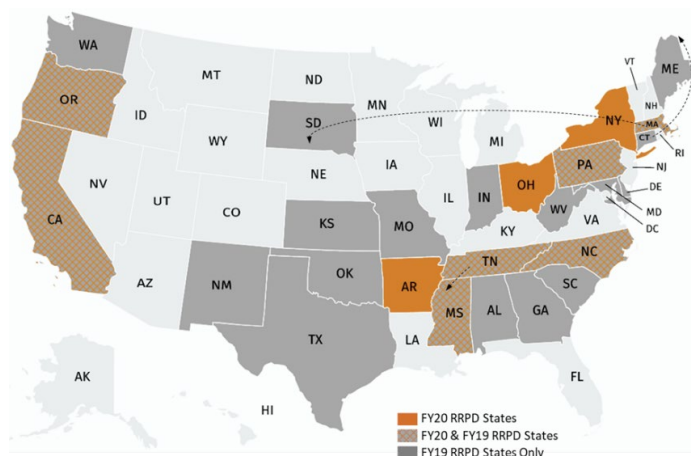
⁷ Larson EH, Patterson DG, Garbers on LA, Andrilla CHA. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Sep 2016.

and nearly 60 percent lack obstetricians.⁸

Rural residency programs continue to face significant challenges. Traditionally, the bulk of physician residency training has been academic health center-focused with limited opportunities for physician exposure to residency training in rural areas. According to a 2017 GAO Report, the distribution of residents is highly concentrated in urban areas, particularly in the northeastern region, and residents training in rural settings accounted for only one percent of residents.⁹ However, studies have shown that both enrolling trainees with rural backgrounds and training residents in rural settings are successful strategies for encouraging graduates to later practice in rural settings.¹⁰

Additionally, rural programs often face financial, human resource and organizational capacity challenges, such as lack of sustainable financing, faculty support and recruiting residents. In order to secure institutional recognition and support, rural residency programs need both academic partnerships as well as rural community faculty champions. There are also specific accreditation challenges related to this unique model of residency education, such as defining the appropriate level of scholarly activity required for busy community faculty.

To address these issues, HRSA funded a three-year cooperative agreement in FY 2018 (HRSA-18-117) to establish a RRPD-TA center to identify and share resources with RRPD applicants and support RRPD Program award recipients in successfully developing new, accredited, and sustainable rural residency programs. Currently, HRSA funds 37 RRPD Program award recipients developing 26 RTTs and 11 rurally located residency programs in family medicine (29), internal medicine (3), and psychiatry (5) across 26 states (see map). They consist of rural hospitals, including critical access hospitals and sole community hospitals, tribal entities, federally qualified health centers, and graduate medical education consortiums. RRPD Program funds may be used towards recruiting residency program directors, faculty/staff development, achieving ACGME accreditation, resident recruitment, and developing graduate tracking systems.



All RRPD Program award recipients are required to collaborate with the RRPD-TA center throughout the duration of their award and attend virtual or in-person 2-day annual RRPD meetings. HRSA anticipates funding additional RRPD Program awards

⁸ Patterson DG, Andrilla CHA, Garberson LA. The Supply and Rural-Urban Distribution of the Obstetrical Care Workforce in the U.S. Policy Brief #168. WWAMI Rural Health Research Center, University of Washington; June 2020.

⁹ United States Government Accountability Office. Physician Workforce: Locations and Types of Graduate Training Were Largely Unchanged, and Federal Efforts May Not Be Sufficient to Meet Needs. GAO-17-411. May 2017. Retrieved from <https://www.gao.gov/products/GAO-17-411#summary>

¹⁰ Davis G. Patterson, C. Holly A. Andrilla, Lisa A. Garberson; Preparing Physicians for Rural Practice: Availability of Rural Training in Rural-Centric Residency Programs. J Grad Med Educ 1 October 2019; 11 (5): 550–557. doi: <https://doi.org/10.4300/JGME-D-18-01079.1>.

contingent on future funding. More information about the current RRPD-TA center is available at www.ruralgme.org.

Program Definitions

A glossary containing definitions for terms used throughout this notice of funding opportunity is located in [Appendix A: Glossary](#).

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Providing consultation and guidance in planning, development, operation, and evaluation of activities, including identifying key policy issues, projects, priorities and other topics for TA;
- Collaborating and providing assistance in identifying opportunities and key organizations to disseminate or share information on emerging policy issues affecting rural residency programs;
- Reviewing and providing feedback and recommendations on TA products, including but not limited to presentations, program documents (e.g., program plans, work plans, budget, contracts, key personnel, etc.), and manuscripts, prior to printing, dissemination or implementation;
- Utilizing HRSA communications resources as needed to support the cooperative agreement; and
- Participating, as appropriate, in the planning and implementation of any meetings, webinars, or work groups conducted by the award recipient during the period of performance.

The cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended;
- Engaging in any necessary preparatory activities to continue operations of the RRPD-TA center, including but not limited to, website and portal management, TA products and tools, and convening meetings with any key stakeholders and consortium members;
- Providing direct TA to current and future RRPD Program award recipients. Limited resources may be publicly available for other entities interested in developing new rural residency programs. TA provided will include assistance in ACGME accreditation, faculty development, resident recruitment, and examining and explaining Medicare GME support mechanisms and/or other sustainable

pathways of funding (i.e., Medicaid, state, or private funding) and sharing successful strategies of other rural residency programs;

- Responding to RRPD Program award recipient requests, comments, and questions on a timely basis;
- Identifying, tracking, analyzing, and translating key policy, regulatory and programmatic issues affecting rural residency programs and the creation of rural residencies in general to assist RRPD program award recipients;
- Collaborating with HRSA, other HHS agencies, and other external stakeholders to support TA strategies and address issues impacting rural residency programs, sustainable GME financing, rural health workforce, and recruitment and retention;
- Evaluating and measuring impact of TA activities and the RRPD program in consultation with HRSA;
- Assessing RRPD Program award recipients’ readiness to establish new rural residency programs and achieve program goals and objectives;
- Identifying and analyzing successful RRPD Program award recipients to assist in the development of best practices models and strategies for TA tools and resources for dissemination – and disseminating these among award recipients and as feasible to the public (e.g., through publication); and
- Promoting rural residencies to medical students and working with RRPD Program award recipients to develop strategies to recruit medical school graduates to rural residency programs.

2. Summary of Funding

HRSA estimates approximately \$4,300,000 will be available to fund one recipient over the four-year period of performance. You may apply for a ceiling amount of up to \$4,300,000 total cost for the entire 4-year period of performance (includes both direct and indirect, facilities and administrative costs). The period of performance is September 30, 2021 through September 29, 2025 (4 years). Award recipients will receive the full award amount in the first year of the four-year period of performance, and must allocate the award funding with a scaled budget for use over the four year period of performance to reflect the number of projected active RRPD Program award recipients (see table below). Additionally, recipients must submit a budget and budget narrative for each of the four years of the period of performance.

Project Year	Estimated Annual Budget (\$)
1	\$2,200,000
2	\$800,000
3	\$800,000
4	\$500,000*

**Supports RRPD Program award recipients (including those in no cost extensions), program evaluation and dissemination activities occurring in Year 4.*

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are domestic public or private, non-profit entities, including faith-based and community-based organizations, tribes and tribal organizations, institutions of higher education, state and local governments, and hospitals.

Recipients of the RRPD Program (HRSA-19-088 and HRSA-20-107) are not eligible to receive funding under this notice. Similarly, the RRPD-TA award recipient will not be eligible for funding under the RRPD Program, contingent on future funding opportunities.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Entities must have the capability to be national in scope (i.e., much broader than a local, multi-state, or regional focus) to reflect the distribution of current and future RRPD cohorts. HRSA strongly encourages the applicant organization to have partnerships and/or establish and sustain a consortium to fulfill the full range of activities outlined in this notice. Partner examples include, but are not limited to Academic Health Centers affiliated with rural residencies, including family medicine department chairs and medical school deans; State Offices of Rural Health; Area Health Education Centers; Medical & Professional Associations involved in residency training such as Accreditation Council for Graduate Medical Education and the American Osteopathic Association; Teaching Health Centers; and national rural associations.

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in [Section. IV](#) non-responsive and will not consider it for funding under this notice.

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the [SF-424 Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical Sketches **do** count towards the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-102, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 8: Other Relevant Documents**.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition to the SF-424 Application Guide requirements, the project abstract must include the following information below. The project abstract must be single-spaced and no more than one page in length.

Abstract Heading Content

- Project Title
- Applicant Organization Name
- Organization Address
- Project Director Name
- Project Director Contact Information (i.e., email address, phone number)
- Funding Amount Requested
- Organization website (if applicable)
- Consortium partners (if applicable)

Abstract Body Content

- Brief overview of the project including description of organizational capabilities of applicant organization, partnerships or consortium members (if applicable);
- Goals and specific measurable objectives and expected outcomes of the proposed project; and

- How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project) and include a listing of recent HRSA awards received relevant to the project (e.g., health workforce, rural, or training awards).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project. Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion #1 ([Purpose and Need](#))

Briefly describe the purpose of the proposed project and clearly identify specific goals, objectives, and expected outcomes. Summarize how the proposed project will meet the unmet needs of RRPD Program award recipients and support the creation of new rural residency programs. The following specialty areas were included in the last RRPD NOFO ([HRSA-20-107](#)): family medicine, internal medicine, psychiatry, OB/GYN, general surgery, and preventive medicine. Other specialties areas may be included as determined by HRSA.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion #1 ([Purpose and Need](#))

The needs assessment should demonstrate a strong understanding of the issues impacting the development and sustainability of rural residency programs. You must use and cite data (e.g., local, state, federal) whenever possible to support the information provided.

Specifically, this section must include the following information:

- Use current (within 3 years) information and data to describe the primary care and specialist physician shortages in rural areas and the drivers behind these shortages;
- Describe the health care delivery systems that host rural residency programs (e.g., urban-rural clinical partnerships, rural health care sites/delivery, diverse health care payer systems) and their need for technical assistance to support the development and sustainability of new rural residency programs, specifically in the areas of family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, and other specialties as determined by HRSA;
- Outline the needs of rural healthcare entities and academic partners for technical assistance related to strengthening partnerships/networks and ability to recruit, train, and retain diverse and high-quality physicians; and
- A detailed discussion on the need for technical assistance related to the intricacies of residency program funding and the implications that Medicare

and Medicaid regulations have on the viability of rural residencies as it pertains to graduate medical education support throughout the U.S.

The following section below corresponds to Section V's Review Criterion #2 "Response" which includes three sub-sections – (a) Methodology, (b) Work Plan, and (c) Resolution of Challenges.

- ***METHODOLOGY-- Corresponds to Section V's Review Criterion #2(a)***
([Response](#))

Provide an overall strategic vision and propose methods that you will use to provide TA on a national scale to the RRPD Program award recipients and meet the program goals and objectives described in this NOFO. You must:

- Discuss the proposed approaches for providing TA to meet the identified needs of current and future RRPD award recipients for family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, and other specialties as determined by HRSA;
- Outline the types of TA resources that will be provided to RRPD Program award recipients. This may include, but is not limited to:
 - Assessing RRPD Program award recipients' readiness to establish a new rural residency program;
 - Identifying and informing RRPD Program award recipients of other federal (e.g., HHS, HRSA grants and TA) and non-federal resources and funding (e.g., state funding) that may be applicable;
 - Synthesizing resources and developing training/tools to educate and promote best practices to RRPD Program award recipients and other key stakeholders through outreach, information sharing and dissemination of tools and resources;
 - Ensuring TA supports RRPD Program award recipients across all stages of development from planning to implementation and maintenance; and
 - Promoting networking and collaboration among RRPD Program award recipients.
- Describe the plan to identify, track, analyze, and translate key policy and programmatic issues affecting the development of rural residency programs, such as regulatory changes that impact financial sustainability and issues with recruiting, training, and retaining diverse and high-quality physicians to rural communities;
- Describe the approach to help RRPD Program award recipients understand Medicare GME funding mechanisms and/or other sustainable options (i.e., Medicaid, state, or private funding) and provide successful strategies to secure funding;
- Describe a detailed plan to facilitate a 2-day annual meeting for each year of the cooperative agreement for RRPD Program award recipients and key stakeholders to foster collaborative networks and inform program participants and policymakers;
- Describe a plan to engage with rural medical educators, rural health care providers, rural health researchers, policy makers, and medical students and potential residents interested in rural practice; and

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

*Note: Letters of agreements and/or memorandum of understanding must be provided in **Attachment 4** for all identified partners, including consortium members. If applicable, a complete list of consortium members must be submitted in **Attachment 6**.*

- **WORK PLAN** -- Corresponds to Section V's Review Criterion #2(b) ([Response](#)) Provide a detailed work plan in **Attachment 1** that describes the activities or steps you will use to achieve program objectives and implement a project of national scope. You must:
 - Describe activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the "Methodology" section;
 - Describe timeframes and deliverables and identify faculty/staff and key partners required to execute each activity during the four-year period of performance to address each of the needs described in the Needs Assessment section, including a 2-day annual meeting during each year of the cooperative agreement; and
 - Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the cooperative agreement.

*Note: Identified key faculty/staff in the work plan must correspond with the staffing plan in **Attachment 2**. Key partners must correspond with **Attachment 4** (Letters of Agreement) and **Attachment 6** (Consortium Member List), if applicable.*

Logic Model

Submit a logic model for designing and managing the project along with the work plan in **Attachment 1**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide and provides “how to” steps with a time line used during program implementation. You can find additional information on developing logic models at the following website: <https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template>.

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

Discuss challenges that you are likely to encounter in designing and implementing activities described in the work plan, and approaches that you will use to resolve such challenges. Clearly specify how the proposed methods in the “Methodology” section will overcome challenges and barriers identified. You must:

- Describe potential challenges and barriers to providing TA to rural residency programs, as well as approaches to resolve those challenges. This description should include the unique challenges in developing new rural residency programs as compared to urban programs and reasonable strategies to address these challenges (e.g., lack of sufficient subspecialty preceptors, low patient volume, and GME funding sustainability issues); and
- Discuss any anticipated internal challenges (e.g., managing cohesiveness and expectations among partner organizations, engagement with new partners to support specialty rural programs throughout the period of performance, etc.) and external challenges (e.g., geographical limitations, regulatory changes) that may directly or indirectly affect successful execution of the cooperative agreement and provide details and strategies for how these will be resolved.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criterion #3 ([Evaluative Measures & Impact](#))

This section describes your proposed plan to monitor ongoing processes and progress towards meeting project goals, objectives, and expected outcomes. You must:

- Describe the performance evaluation strategy that will contribute to continuous quality improvement. Propose clearly defined, viable metrics, including descriptions of the inputs (e.g., key personnel, partners, and other resources), key processes, and meaningful project outcomes that you will use to measure your effectiveness as a TA center of this scope;
- Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the project objectives are met, and 2) the extent to which these can be attributed to the project;
- Describe the systems and processes that will support your organization's data collection strategy to collect, manage, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery; and
- Describe the evaluation plan to measure the impact of the RRPD Program on addressing physician workforce shortages and access to care in rural communities. Some examples include compiling data reported by the RRPD Program award recipients on accredited programs, specialty type,

residency positions, location of training, percentage of rural training, and characteristics of practice and graduates.

▪ **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion #4 ([Resources and Capabilities](#))

In this section, you must demonstrate your capacity to provide technical assistance at a national level and that you have the necessary staffing and infrastructure to oversee program activities and serve as the fiscal agent.

Specifically, you must:

- Describe your organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project and provide TA to organizations developing new rural residency programs;
- Describe your organization's current mission, structure, scope of current activities, other partnerships, and how these elements all contribute to the organization's ability to implement program requirements and meet program expectations. Include an organizational chart in **Attachment 5**;
- Demonstrate your organization's extensive past experience (regardless of funder) supporting organizations developing rural residency programs. Include specific examples of:
 - Expertise in graduate medical education, such as rural residency programs funding and financing (i.e., Medicare, Medicaid, other public and private funding sources);
 - Specific knowledge and experience assisting organizations in developing and establishing new ACGME accredited rural residency programs in family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, or other specialties;
 - Supporting research and dissemination of best practices to medical educators on rural health models of care, including any emerging patient care or health care delivery strategies that will support high quality residency training; and
 - Recruitment and retention of residency faculty/staff and residents.
- Demonstrate your organization's existing collaborative long-term relationships with key rural constituencies, rural healthcare delivery sites, and academic partnerships. Some partner examples include, but are not limited to Academic Health Centers affiliated with rural residencies, including family medicine department chairs and medical school deans; State Offices of Rural Health; Area Health Education Centers; Medical & Professional Associations involved in residency training such as Accreditation Council for Graduate Medical Education and the American Osteopathic Association;
- Provide evidence demonstrating previous experience or relationships with established rural residency programs and the number of years your organization has consistently worked with these entities;
- Describe your extensive past experience working with rural medical educators, potential residents, and medical students interested in rural practice;
- If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these funds are properly used and monitored,

including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management; and

- If multiple partner organizations are submitting an application as a consortium to provide TA, you must describe the capabilities and role each member organization will have in ensuring success of the proposed project. A complete list of consortium members must be submitted in **Attachment 6** (if applicable). Ensure that the organizational chart shows the applicant organization that is responsible for the overall management of the program and the relationship of all other involved partner organizations. Discuss the capability of the applicant organization to provide overall program management. If as part of the application you are integrating partner organizations to fulfill work plan requirements, include Letters of Agreement, MOU, etc. in **Attachment 4**.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). Include biographical sketches for each person occupying the key positions, not to exceed 2 pages in length each in **Attachment 3**. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- Section A (required) **Personal Statement**. Briefly describe why the individual's experience and qualifications make him/her particularly well suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (required) **Positions and Honors**. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (optional) **Other Support**. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Note: The applicant is encouraged to form a consortium of entities with a broad range of expertise and experience in residency accreditation, clinical rotation training and extensive knowledge of Medicare, Medicaid, and other long-term sustainable residency funding mechanisms. The applicant organization is a critical component to ensure the success of this project and must demonstrate a proven track record, with extensive prior experience and documented results in working with entities developing rural residency programs.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project for each year of the period of performance. The budget narrative does count towards the page limit.

If your program proposal includes hiring new personnel, awarding contracts, or making subawards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform the total number of hours, travel costs, and the total estimated costs.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Purpose and Need
Needs Assessment	(1) Purpose and Need
Methodology	(2a) Response
Work Plan	(2b) Response
Resolution of Challenges	(2c) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & Impact
Organizational Information	(4) Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.**

Attachment 1: Work Plan & Logic Model

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also, include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 2**, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include

a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations served by their programs.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including partnerships and/or consortium members.

Attachment 6: Consortium Member List (as applicable)

If applicable, provide a member list for the consortium. Provide the following information for each consortium member in a table format:

- Member Organization Name
- Member Organization Complete Address
- Primary Point of Contact Information (i.e., name, title, email address, phone number)
- Organization Employer Identification Number (EIN)
- Brief Description of Organization and Project Role

Note: Letters of Agreement, MOU, etc., must be included in Attachment 4 for all consortium members.

Attachment 7: List of Supporting Organizations (as applicable)

If applicable, provide a clearly labeled list of any non-consortium organizations providing substantial support and/or relevant resources to the project. Provide the following information for each organization:

- Organization Name
- Organization Complete Address
- Primary Point of Contact Information (i.e., name, title, email address, phone number)
- Brief Description of Organization and Project Role (e.g., relevant support/resource(s) being provided)

Note: Letters of Agreement, MOU, etc., must be included in Attachment 4 for all non-consortium organizations.

Attachments 8–15: Other Relevant Documents (Optional)

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI) and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA’s [SF-424 Application Guide](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial

assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 21, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The RRPD-TA is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$4,300,000 total (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Resident salaries and benefits,
- Ongoing support for resident training, e.g. sustainability funding,
- Acquiring or building real property, and
- Major construction or major renovation of any space.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The RRPD-TA has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion	Points
1. Purpose and Need	15
2. Response	35
3. Evaluative Measures & Impact	15
4. Resources & Capabilities	30
5. Support Requested	5
Total Points	100

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's [“Introduction”](#) and [“Need's Assessment”](#)

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates a clear understanding of the purpose of the program and identifies specific goals, objectives, and expected outcomes that will meet the identified needs of current and future RRPD Program award recipients;
- Cites current (within 3 years) information and data to describe primary care and specialist physician shortages in rural areas and demonstrates knowledge of the drivers behind these shortages;
- Describes the rural health care delivery systems that host rural residency programs (e.g., urban-rural clinical partnerships, rural health care sites/delivery,

diverse health care payer systems) and their unmet needs, including larger contextual issues facing the development of new rural residency programs in family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, and other specialties as determined by HRSA;

- Clearly outlines the needs of rural healthcare entities and academic partners for technical assistance related to strengthening partnerships/networks and ability to recruit, train, and retain diverse and high-quality physicians; and
- Describes the need for TA related to the intricacies of residency program funding and the implications that Medicare and Medicaid regulations have on the viability of rural residencies.

Criterion 2: “RESPONSE (35 points) – Corresponds to Section IV’s sub-sections – (a) “Methodology”, (b) “Work Plan”, and (c) “Resolution of Challenges”

The quality and extent to which the proposed project demonstrates the capability to provide TA to new rural residencies and proposes strong TA methods to meet program goals and objectives described in this NOFO.

Criterion 2(a): RESPONSE: METHODOLOGY (15 points) – Corresponds to Section IV’s “Methodology”

Reviewers will evaluate the quality and extent to which the application:

- Proposes methods to provide TA on a national scale to support the identified needs of current and future RRPD Program award recipients for family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, and other specialties as determined by HRSA;
- Clearly outlines the types of TA resources that will be provided to RRPD Program award recipients. This may include, but not limited to:
 - Assessing RRPD award recipient’s readiness to establish a new rural residency program;
 - Identifying and informing RRPD Program recipients of other federal (e.g., HHS, HRSA grants and TA) and non-federal resources and funding (e.g., state funding) that may be applicable;
 - Synthesizing resources to educate and promote best practices to RRPD Program award recipients and other key stakeholders through outreach, information sharing, and dissemination of tools and resources;
 - Ensuring TA support RRPD Program award recipients across all stages of development from planning to implementation and maintenance; and
 - Promoting networking and collaboration among RRPD Program award recipients.
- Describes a plan to identify, track, analyze, and translate key policy and programmatic issues affecting the development of rural residency programs, such as regulatory changes that impact financial sustainability and issues with recruiting, training, and retaining diverse and high-quality physicians to rural communities;
- Describes an effective approach to help RRPD Program award recipients understand Medicare GME funding mechanisms and other sustainable options (i.e., Medicaid, state, or private funding) and provide successful strategies to secure funding;

- Provides a detailed plan to facilitate a 2-day annual meeting for RRPD Program award recipients and key stakeholders to foster collaborative networks and inform program participants and policymakers;
- Describes a plan to engage rural medical educators, rural health care providers, rural health researchers, policy makers, and medical students and potential residents interested in rural practice; and
- Describes meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application; and to the extent which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served. Letters of agreements and/or memorandum of understanding must be provided in **Attachment 4** for all identified partners, including consortium members. If applicable, a complete list of consortium members must be submitted in **Attachment 6**.

Criterion 2(b): RESPONSE: WORK PLAN (10 points) – Corresponds to Section IV’s [“Work Plan”](#)

Reviewers will evaluate the quality and extent to which the application:

- Provides a detailed and logical work plan that is capable of achieving program objectives and implementing a TA center of national scope;
- Describes activities or steps that will be used to address the identified needs of RRPD Program award recipients in developing new rural residency programs specifically in the areas of family medicine, internal medicine, psychiatry, OB/GYN, general surgery, preventive medicine, and other specialties as determined by HRSA;
- Provides a clear and complete work plan in **Attachment 1** describing timeframes, deliverables and key faculty/staff and partners required to execute each activity during the four-year period of performance, including a 2-day annual meeting during each year of the cooperative agreement. Identified key faculty/staff should correspond with the staffing plan in **Attachment 2**;
- Explains how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the cooperative agreement; and
- Provides a one-page logic model in **Attachment 1** that clearly shows a comprehensive framework depicting the relationship among resources, activities, evaluation and impact of the proposed project.

Criterion 2(c): RESPONSE: RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV’s [“Resolution of Challenges”](#)

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates a strong understanding of the potential challenges and barriers in providing TA to new rural residency programs (i.e., unique challenges of rural programs compared to urban), as well as reasonable strategies to resolve these challenges; and
- Describes and demonstrates an understanding of any additional internal and external challenges that may directly or indirectly affect the successful execution of the cooperative agreement and provides details and strategies on how these challenges will be resolved.

Criterion 3: EVALUATIVE MEASURES & IMPACT (15 points) – Corresponds to Section IV’s [“Evaluation and Technical Support Capacity”](#)

Criterion 3(a): EVALUATIVE MEASURES (5 points) – Corresponds to Section IV’s [“Evaluation and Technical Support Capacity”](#)

Reviewers will evaluate the quality and extent to which the application:

- Describes a performance evaluation plan that will contribute to continuous quality improvement, and proposes clearly defined, viable metrics that describes the inputs, key processes, and meaningful project outcomes that will be used to measure the effectiveness of a TA center of this scope; and
- Provides evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 3(b): IMPACT (10 points) – Corresponds to Section IV’s [“Evaluation and Technical Support Capacity”](#)

Reviewers will evaluate the quality and extent to which the application:

- Describes the organization’s systems and processes that will support its data collection strategy to collect, manage, analyze, and track data to effectively measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery; and
- Describes an evaluation plan that will effectively measure the impact of the RRPD Program on addressing physician workforce shortages and access to care in rural communities, such as compiling data reported by the RRPD Program award recipients on accredited programs, specialty type, residency positions, location of training, percentage of rural training, and characteristics of practice and graduates.

Criterion 4: RESOURCES & CAPABILITIES (30 points) – Corresponds to Section IV’s [“Organizational Information”](#)

Criterion 4(a): ORGANIZATIONAL STRUCTURE (10 points) – Corresponds to Section IV’s [“Organizational Information”](#)

Reviewers will evaluate the quality and extent to which the application:

- Describes the organization’s capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project and provide TA to organizations developing new rural residency programs;
- Describes the organization’s current mission, structure, scope of current activities, other key partnerships, and how these elements will contribute to the organization’s ability to implement the program requirements and meet program expectations;
- Includes a complete and coherent project organization chart in **Attachment 5**;
- Describes the capabilities and role each member organization will have in ensuring success of the proposed project if multiple partner organizations are submitting an application as a consortium to provide TA. A complete list of consortium members must be submitted in **Attachment 6** (if applicable);

- Provides evidence of the contractor’s experience and qualifications if the applicant organization plans to contract with outside experts to carry out any portion of the project; and
- Explains how the applicant will ensure that funds are properly used and monitored if funds will be sub-awarded or expended on contracts.

Criterion 4(b): PAST EXPERIENCE CONDUCTING SIMILAR WORK (20 points) – Corresponds to Section IV’s [“Organizational Information”](#)

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates extensive past experience (regardless of funder) supporting organizations developing new rural residency programs. This includes:
 - Demonstrating expertise in graduate medical education, such as rural residency programs funding and financing (i.e., Medicare, Medicaid, other public and private funding sources);
 - Specific knowledge and experience assisting organizations in developing and achieving ACGME accreditation for new rural residency programs in family medicine, internal medicine, psychiatry, OB/GYN, surgery, preventive medicine, or other specialties;
 - Supporting research and dissemination of best practices to medical educators on rural health models of care, including any emerging patient care or health care delivery strategies that will provide high quality residency training; and
 - Recruitment and retention of residency faculty/staff and residents.
- Demonstrates collaborative long-term relationships with key rural constituencies, rural healthcare delivery sites, and academic partnerships;
- Demonstrates previous experience or relationships with established rural residency programs and the number of years the applicant organization has consistently worked with these entities;
- Demonstrates extensive past experience working with rural medical educators, potential residents, medical students interested in rural practice; and
- Provides a staffing plan and biographical sketches of key personnel in **Attachment 2 and Attachment 3** demonstrating the knowledge, skills, and expertise of the staff to implement the proposed work plan.

Criterion 5: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s [“Budget”](#) and [“Budget Narrative”](#)

Reviewers will evaluate the quality and extent to which the application:

- Proposes a reasonable budget that is clearly defined for each year of the four-year period of performance in relation to the objectives and complexity of activities outlined within the application to achieve the anticipated results; and
- Identifies key personnel and ensures that they have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

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

Requirements of Subawards

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

Data Rights

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

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

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

- 1) **Progress Reports.** The recipient must submit a progress report to HRSA on a **bi-annual** basis. Further information will be available in the NOA.
- 2) **Performance Reports.** The recipient must submit a performance report to HRSA on an **annual** basis. The performance report will address the cooperative agreement activities and impact/outcomes during each year of the period of performance. The performance measures for this program will include, but not limited to, those outlined in the Project Narrative Section IV's Evaluation and Technical Support Capacity. Further information will be provided in the NOA.
- 3) **Final Closeout Report.** A final report is due within 90 calendar days after the period of performance ends. Further information will be provided in the NOA.
- 4) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the schedule in the SF-424 Application Guide. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically. Further information will be provided in the NOA.
- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Benoit Mirindi
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Email: bmirindi@hrsa.gov

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

Sheena Johnson, MPH
Health Insurance Specialist, Policy Research Division
Attn: Rural Residency Planning and Development TA Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 10W65D
Rockville, MD 20857
Telephone: (301) 945-9639
Email: ruralresidency@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Friday, April 30, 2021
Time: 2 – 3 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160 237 7719
Participant Code: 83421351

Weblink: [https://hrsa-
gov.zoomgov.com/j/1602377719?pwd=SFpyamV6aHA2U3FNbnE4c0gzNG1Odz09](https://hrsa.gov.zoomgov.com/j/1602377719?pwd=SFpyamV6aHA2U3FNbnE4c0gzNG1Odz09)

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

508 Compliance Disclaimer

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

Appendix A: Glossary

Consortium – An association or agreement of at least two or more separately owned and governed entities (e.g., health care providers, nonprofit or for-profit organizations, and educational institutions etc.) formed to undertake an enterprise beyond the resources of any one member.

Public Health and General Preventive Medicine – ACGME defines Public Health and General Preventive Medicine as the specialty in which physicians focus on health promotion and disease prevention in communities and other defined populations.¹¹

New Medical Residency Training Program – per 42 CFR 413.79(I), CMS defines a new medical residency program as one that is, “a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995”.

Rural – a geographical area located in a non-metropolitan county.

- Centers for Medicare & Medicaid– 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.
- Federal Office of Rural Health Policy – accepts all non-metropolitan counties as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes.

Rural Residency Programs – Rural residency programs are accredited allopathic and osteopathic physician residency programs that primarily train residents in rural training sites for greater than 50 percent of their total time in residency training, and focus on producing physicians who will practice in rural communities.

Rural Training Tracks (RTT) – a rural residency program model that consists of partnerships between urban and rural clinical settings where the first year of training occurs within a larger program, typically in an urban hospital or academic medical center, and the final two years occur in a rural health facility.

¹¹ <https://www.acgme.org/Specialties/Overview/pfcatid/20>

Appendix B: Resources

Several sources offer information that will help you in preparing your application. Please note HRSA is not affiliated with all of the resources provided, however, you are encouraged to visit the following websites:

Accreditation Council for Graduate Medical Education

<https://www.acgme.org>

Health Resources and Services Administration Resources

- **Rural Residency Planning and Development TA (RRPD-TA) Program**
<https://www.ruralgme.org/>
- **RRPD Program**
<https://www.hrsa.gov/grants/find-funding/hrsa-20-107>
- **Bureau of Health Workforce**
<https://bhw.hrsa.gov/>
- **Federal Office of Rural Health Policy**
<https://www.hrsa.gov/rural-health/index.html>
- **National Health Service Corps (NHSC)**
<https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf>
- **Council on Graduate Medical Education**
<https://www.hrsa.gov/advisory-committees/graduate-medical-edu/index.html>
- **HRSA Data Warehouse**
<https://datawarehouse.hrsa.gov/>

Rural Training Track (RTT) Collaborative

<https://rttcollaborative.net/>

Rural Health Research Gateway

<http://www.ruralhealthresearch.org/>

Rural Health Information Hub (RHI Hub)

<https://www.ruralhealthinfo.org>

National Area Health Education Center (AHEC) Organization

<http://www.nationalahec.org/>

National Organization for State Offices of Rural Health (NOSORH)

<https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>