

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Bureau of Health Workforce

Division of Medicine and Dentistry

Medical Student Education Program

Funding Opportunity Number: HRSA-24-074

Funding Opportunity Type(s): New

Assistance Listing Number: 93.680

Application Due Date: July 26, 2024

Ensure your [SAM.gov](https://sam.gov) and [Grants.gov](https://grants.gov) registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: June 26, 2024

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

Authority: Further Consolidated Appropriations Act, 2024 (P.L. 118-47)

508 COMPLIANCE DISCLAIMER

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SUMMARY

Funding Opportunity Title:	Medical Student Education Program
Funding Opportunity Number:	HRSA-24-074
Assistance Listing Number:	93.680
Due Date for Applications:	July 26, 2024
Eligible Applicants:	Awards are limited to 22 public colleges of medicine in Nevada, Utah, Mississippi, Arizona, Florida, New Jersey, Tennessee, Alabama, Oklahoma, and Idaho.
Anticipated FY 2024 Total Available Funding:	\$11,000,000
Estimated Number and Type of Award(s):	3 grants
Estimated Annual Award Amount:	Approximately \$1,000,00 per budget year. Three-year grants will be fully funded for a total of \$3,666,666 for use over the 2-years and 9-months period of performance. Not less than \$1,000,000 per budget year during each year of the 2-years and 9-months period of performance.
Cost Sharing or Matching Required:	Yes There is a matching requirement of not more than 10% and not less than 1%.
Period of Performance:	September 30, 2024, through June 30, 2027 (2-years and 9-months)

Agency Contacts:	Business, administrative, or fiscal issues: Kim Ross Grants Management Specialist Division of Grants Management Operations, OFAM Health Resources and Services Administration Phone: (301) 443-2353 Email: kross@hrsa.gov Program issues or technical assistance: Anthony Anyanwu, MD Lead Public Health Analyst Phone: (301) 443-8437 Email: MSENOFO@HRSA.GOV
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this Notice of Funding Opportunity (NOFO) and in [HRSA R&R Application Guide \(R&R Application Guide\)](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose:

The purpose of the Medical Student Education (MSE) Program is to provide support to public medical schools in the top quintile of states with a projected primary care physician shortage to expand or support education for medical students preparing to become physicians. This expansion can include funding for direct student supports which help students be successful in medical school, as well as for infrastructure development, maintenance, equipment, and minor renovations or alterations. The program is designed to prepare and encourage medical students in these schools to choose residencies and careers in primary care and serve tribal, rural, and/or medically underserved communities in those states after they complete their residency.

Program Goal

The goal of the MSE Program is to increase the number of primary care physicians practicing in states with a projected primary care physician shortage.

Program Objectives

1. Recruit, retain, and graduate medical students from tribal, rural, and/or medically underserved communities who are interested in practicing in these areas following residency training.
2. Increase the number of medical school graduates who select residency programs in family medicine, general internal medicine, general pediatrics, or combination of internal medicine and general pediatrics to increase the primary care physician workforce in tribal, rural, and medically underserved communities.
3. Develop or enhance partnerships, including one or more rotations in primary care such as at a Teaching Health Center or community-based setting, to collaborate on educational and training activities for the medical students.

[For more details, see Program Requirements and Expectations.](#)

2. Background

The MSE Program is authorized by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47). A strong primary care system has the capacity to improve population health as well as reduce health disparities.¹ While there is a shortage of primary care physicians across the United States, some states are experiencing more dramatic

¹ Pham, H, Greiner, A. The Importance Of Primary Care—And Of Measuring It. Health Affairs. (August 2019). Retrieved on April 23, 2024 from <https://www.healthaffairs.org/content/forefront/importance-primary-care-and-measuring>.

shortfalls that limit access to quality care.² Maldistribution of the physician workforce is a huge problem that makes it difficult for patients to access the healthcare services they need.³ Therefore, designing medical educational programs to offset physician maldistribution is crucial to ensuring that the distribution of the physician workforce best serves the diverse needs of tribal, rural, and underserved communities.⁴ Providing training experiences in rural communities to undergraduate and postgraduate medical trainees can influence their practice location decisions.⁵ In addition, studies have shown that family physicians from a rural background are more likely to choose rural practice than those from an urban background.

The American Indian population is faced with the burden of significant and longstanding disparities in their health and access to health care services.⁶ In addition to the challenges in accessing health care, they are also challenged by other factors such as geographic isolation, economic issues, and access to culturally appropriate care.⁷

Premedical school post baccalaureate preparation has been shown to increase the number of medical students who choose primary care specialties and are more likely to practice in medically underserved areas than physicians nationally.⁸ These programs make medical education opportunities more accessible by either providing access to prerequisite courses or providing academic enhancement to individuals who ordinarily would not be able to achieve the goal of becoming physicians.⁹

Program Definitions

To better understand this NOFO, go to the dictionary of key program-related terms at [Health Workforce Glossary](#).

The following definitions apply to the MSE Program for the Fiscal Year 2024 NOFO:

² Hill, L., Artiga, S. Health Coverage Among American Indian and Alaska Native and Native Hawaiian and Other Pacific Islander People Published. (November 30, 2023). Kaiser Family Foundation. Retrieved on April 23, 2024 from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-among-american-indian-and-alaska-native-and-native-hawaiian-and-other-pacific-islander-people/>.

³ Ibid.

⁴ Ibid

⁵ Ibid

⁶ Op.cit. Hill, L., Artiga, S.

⁷ Elma, A., Nasser, M., Yang, L. et al. Medical education interventions influencing physician distribution into underserved communities: a scoping review. (April 7, 2022). Human Resources for Health. Retrieved April 23, 2024 from PubMed <https://pubmed.ncbi.nlm.nih.gov/35392954/>.

¹⁰ Op. cit. Metz, A. M. (2017).

⁸ Metz, A. M. (2017). "Medical School Outcomes, Primary Care Specialty Choice, and Practice in Medically Underserved Areas by Physician Alumni of MEDPREP, a Postbaccalaureate Premedical Program for Underrepresented and Disadvantaged Students." *Teach Learn Med* 29(3): 351-359. Retrieved on May 23, 2024 from <https://pubmed.ncbi.nlm.nih.gov/28632012/>.

⁹ Ibid.

Community-based Organization: a public or private non-profit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

Postbaccalaureate Premedical Programs: a program that gives college graduates the opportunity to complete undergraduate science courses in preparation for application to medical school and other related professional schools.

Scholarship: a provision of financial support in the form of tuition, fees, and other educational costs.

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

II. Award Information

1. Type of Application and Award

Application type(s): New

We will provide funding in the form of a grant.

2. Summary of Funding

We estimate \$11,000,000 will be available to fund approximately 3 grants, fully funded at the outset, for use over the 2-years and 9-months period of performance. You may apply for a total not less than \$1,000,000 per year for each of the 2-year and 9-months period of performance of the total annual amount of federal funds and no more than \$3,666,666 total in federal funding.

The period of performance is September 30, 2024, through June 30, 2027 (2-years and 9-months).

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

Limitations on Indirect Cost Rates for Training and Education Grants:

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at [45 CFR 75.414](#), Indirect Costs.

Indirect costs for training awards cannot exceed 8% of modified total direct costs. To calculate the MTDC, we exclude from the direct cost base:

- Direct cost amounts for equipment, tuition, fees, and other participant support costs
- Subawards and subcontracts exceeding \$25,000

To further understand what is included in modified total direct costs, see [45 CFR 75.2](#).

State or local governments, and federally recognized Indian tribes, receive reimbursement based on their negotiated rate or state cost allocation plans. State universities or hospitals are not considered governmental agencies.

III. Eligibility Information

1. Eligible Applicants

Per statute, funds must be awarded to public institutions of higher education in states in the top quintile of states with a projected primary care physician shortage as determined by the Secretary of the U.S. Department of Health and Human Services.

To determine the eligible states, HRSA used the National Center for Health Workforce Analysis projections through 2036, which indicate there are 43 states with a projected shortage of primary care physicians.¹⁰ HRSA [ranked states based on their projected levels of primary care physician “adequacy” in 2036](#).¹¹ The top quintile of 43 states is 8.6 states (rounded up to 9). Idaho and Oklahoma have the same percent adequacy, so both were included, bringing the list to 10 states. Eligible states are Alabama, Arizona, Florida, Idaho, Mississippi, Nevada, New Jersey, Oklahoma, Tennessee, and Utah.

HRSA then identified accredited Osteopathic and Allopathic medical schools in those ten states using the Commission on Osteopathic College Accreditation (COCA) and Liaison Committee on Medical Education (LCME), selecting only those that identified as public, non-profit colleges of medicine. This resulted in the 22 public, accredited, non-profit colleges of medicine within the ten states that could be eligible for MSE funding. HRSA identified the following accredited public colleges of medicine in these ten states in the

¹⁰ Health Resources and Services Administration. Workforce Projections Dashboard. Retrieved on April 3, 2024 from <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

¹¹ Percent Adequacy is the relationship between the projected future supply and projected future demand. It is the quotient of supply divided by demand.

table below.

Public Medical Colleges in Top Quintile of States with a Projected Primary Care Physician Shortage in 2036¹²		
State	Public Medical School	City
Alabama	University of Alabama School of Medicine*	Birmingham
Alabama	University of South Alabama College of Medicine*	Mobile
Arizona	University of Arizona College of Medicine – Tucson	Tucson
Arizona	University of Arizona College of Medicine Phoenix	Phoenix
Florida	Charles E. Schmidt College of Medicine at Florida Atlantic University	Boca Raton
Florida	Florida International University Herbert Wertheim College of Medicine	Miami
Florida	Florida State University College of Medicine	Tallahassee
Florida	University of Central Florida College of Medicine	Orlando
Florida	University of Florida College of Medicine	Gainesville
Florida	University of South Florida College of Medicine	Tampa
Idaho	No public medical school	-----
Mississippi	University of Mississippi School of Medicine*	Jackson
Nevada	University of Nevada, Las Vegas School of Medicine	Las Vegas
Nevada	University of Nevada, Reno School of Medicine	Reno
New Jersey	Cooper Medical School of Rowan University	Camden
New Jersey	Rutgers New Jersey Medical School	Newark
New Jersey	Rutgers Robert Wood Johnson Medical School	Piscataway
New Jersey	Rowan-Virtua School of Osteopathic Medicine	Stratford
Oklahoma	University of Oklahoma College of Medicine*	Oklahoma City
Oklahoma	Oklahoma State University Center for Health Sciences College of Osteopathic Medicine*	Tulsa
Tennessee	East Tennessee State University James H. Quillen College of Medicine	Johnson City
Tennessee	University of Tennessee Health Science Center College of Medicine	Memphis
Utah	Spencer Fox Eccles School of Medicine at the University of Utah*	Salt Lake City

*Please note that any organization already receiving HRSA funding for the MSE Program

¹² The listing below is not intended to foreclose applications by applicants that can demonstrate to HRSA that they are accredited public colleges of medicine in one of the ten listed states and can provide the necessary supporting documentation.

(HRSA-23-124) is ineligible for funding from this competition.

HRSA may consider any application that does not meet the eligible applicant requirement non-responsive and may consider it ineligible for funding under this notice.

Native American tribal governments and tribal organizations are not eligible.

All eligible applicants must be accredited. In **Attachment 4** the applicant organization must provide:

- a statement that they hold continuing accreditation from the *Liaison Committee on Medical Education* or *American Osteopathic Association* and are not under probation, and
- the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required.

2. Cost Sharing or Matching

Matching is required for this program. We require an amount of not more than ten percent, but not less than one percent matching of the total annual amount of federal funds provided in the grant to each award recipient. Matching funds are any non-federal funds that contribute to the project purpose and objectives, such as in-kind faculty contributions, facilities and related costs, and contributions from partnerships (45 CFR 75.306).

3. Other

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

- Fails to include a budget that reflects the \$1,000,000 minimum for each of the 2-years and 9-months period of performance and does not exceed \$3,666,666 total grant amount for the 2-years and 9-months period of performance.
- Fails to include accreditation documentation for the applicant organization.
- Fails to satisfy the matching requirement.
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#).

Trainee eligibility

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

- A U.S. citizen or non-citizen national;
- An individual lawfully admitted for permanent residence to the United States; or
- Any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended

Multiple Applications

NOTE: Multiple applications from an institution are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov [application due date](#) as the final and only acceptable application. No more than one application per organization or campus with the same Unique Entity Identifier (UEI) number will be funded. You may include a request for resources for a branch campus or similar entity as part of their application.

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 Research and Related (R&R) workspace application package associated with this NOFO. Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

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

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-074 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's SF-424 R&R Application Guide provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA SF-424 R&R Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's SF-424 R&R Application Guide. You must submit the application in the English language and express budget figures in U.S. dollars (45 CFR § 75.111(a)). See Section 8.5 of the HRSA SF-424 R&R Application Guide for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)
- Accreditation Documentation
- Scholarship Chart for Medical Students
- Biographical Sketches

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-074 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-074 before the submission [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals¹³ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.¹⁴
- If you cannot certify this, you must include an explanation in **Attachment 9-11: Other Relevant Documents**.

(See Section 4.1 viii “Certifications” of the *R&R Application Guide*)

Program Requirements

Successful recipients **must** address the following program requirements.

1. Develop and implement new and/or expanded curricula that implements a defined set of clinical, didactic, and community-based training activities with an emphasis on practicing in tribal communities, rural communities and/or medically underserved communities, and addresses how to meet the needs of underserved populations.
2. Provide scholarships for medical students who intend to practice in primary care tribal, rural, and/or medically underserved areas.
3. Ensure that at least one or more of the clinical sites for medical students are in a primary care setting such as a Teaching Health Center or other community-based setting that provides primary care training.
4. Adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program.
5. Participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

Optional: Recipients may use grant funds to develop, enhance, and implement Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school, and plan and implement targeted outreach to increase enrollment of medical students with particular focus on students from tribal, rural, and/or medically underserved areas. Postbaccalaureate Premedical Programs are programs that give college graduates the opportunity to complete undergraduate science courses in preparation for application to medical school and other related professional schools, if appropriate.

¹³ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

¹⁴ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *R&R Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 Application Package. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *R&R Application Guide*. When applicable, identify if a funding priority/preference is being requested.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction and Purpose	<i>Criterion 1: PURPOSE AND NEED</i>
Organizational Information	<i>Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES</i>
Need	<i>Criterion 1: PURPOSE AND NEED</i>
Approach	<i>Criterion 2: RESPONSE TO PROGRAM PURPOSE sub-section (b) METHODOLOGY/APPROACH</i>
Work Plan	<i>Criterion 2: RESPONSE TO PROGRAM PURPOSE sub-section (a) WORK PLAN</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE TO PROGRAM PURPOSE sub-section (c) RESOLUTION OF CHALLENGES</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: IMPACT sub-section (a) EVALUATIVE MEASURES</i>

Narrative Section	Review Criteria
Sustainability	<i>Criterion 3: IMPACT sub-section (b) SUSTAINABILITY</i>
Budget and Budget Justification Narrative	<i>Criterion 5: SUPPORT REQUESTED</i>

ii. Project Narrative

This section must describe all aspects of the proposed project. Make it brief and clear. Project activities must comply with the non-discrimination requirements described in Section VI.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction and Purpose – Corresponds to Section V’s [Review Criterion #1 Purpose and Need](#)*
 1. Briefly describe the purpose of your proposed project, and the nature of the primary care physician shortages in your state and specifically in tribal, rural, and/or medically underserved areas, and how this grant will address it.
 2. Describe the characteristics of any current or new partners that you will engage to support the purpose of this project.

- *Organizational Information– Corresponds to Section V’s [Review Criterion #4 Organizational Information/Resources/Capabilities](#)*
 1. Succinctly describe your organization’s current mission, structure, personnel, organizational partners, and scope of current activities and how these elements all contribute to your organization’s ability to implement the goals, objectives and [program requirements](#).
 2. Include a project organizational chart (requested in Section IV.2.v./vi., **Attachment 2**). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
 3. Include in **Attachment 3**, memorandums of understanding or agreement, and letters of agreement or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

4. Include the staffing plan and job descriptions for key faculty/staff in **Attachment 1**.
- Describe the minimum qualifications for each faculty position in the job description.
 - Functional and program responsibilities must be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.

Biographical Sketches

Provide a biographical sketch for key faculty/staff contributing to the project. Include the individual's current position and sufficient detail to assess their qualifications for the position. **Each biographical sketch should be limited to two pages**. Include all degrees and certificates.

Biographical sketches 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 them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors**. List in chronological order previous positions, concluding with the 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.

- When applicable, biographical sketches must include training, language fluency and experience working with populations that are culturally and linguistically different from their own.

Project Director

Project Director - The Project Director (PD) must be a board-certified physician, employed by the applicant organization, and dedicate approximately 20 percent of their time (may be in-kind or funded by grant funds) to grant activities.

- *Need – Corresponds to Section V's [Review Criterion #1 Purpose and Need](#)*
 1. Describe the need for curricula that implements a defined set of clinical, didactic, and community-based training activities with an emphasis on practicing in tribal communities, rural communities and/or medically underserved communities and how to meet the needs of underserved populations in your community.
 2. Describe how you will increase the number of medical school graduates who select primary care residency programs and want to practice in tribal, rural, and medically underserved communities.
 3. This section will help reviewers understand whom you will serve with the proposed project. Use and cite demographic data whenever possible to support the information provided.
- *Approach – Corresponds to Section V's [Review Criterion #2 Response to Program Purpose sub-section \(b\) Methodology/Approach](#)*

In your application, and consistent with the [Program Requirements](#) in this NOFO:

1. List the project objectives and proposed activities and provide evidence for how they link to the project purpose and needs. These are the same project objectives in the Standardized Work Plan (SWP).
2. Describe strategies used to recruit, retain, and graduate medical students from tribal, rural, and/or medically underserved communities who are interested in practicing in these areas following residency training.
3. Discuss how you will provide scholarships for medical students to encourage applications to a primary care residency program (general internal medicine, general pediatrics, family medicine, or med/peds).
4. Describe how you will develop and implement curricular content and clinical experiences that influence medical students' decision to select primary care practice in tribal, rural, and/or medically underserved communities.

5. Explain your strategies to improve medical students' cultural competence to meet the needs of underserved communities and 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.
6. Provide a table description of the primary care clinical sites for medical students such as in a Teaching Health Center or other community-based setting in **Attachment 5**. Include the name of the primary care site and number of medical students for each year of the award. A sample is provided below.

Table 1: [Primary Care Clinical Sites](#)

<i>Name of Clinic Rotation Site</i>	<i>Clinic Training Site Full Address (EXAMPLE Main Street, Town, State, Extended Zip code)</i>	<i>Tribal Site (Yes/No)</i>	<i>Is site located in rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health (Yes or No)</i>	<i>Number of students who will be involved in grant activities per year.</i>	<i>Grant Year 1,2,3</i>

Optional Activity: Describe strategies you will use in developing or enhancing your Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school.

- *Work Plan – Corresponds to Section V's [Review Criterion #2 Response to Program Purpose sub-section \(a\) Work Plan](#)*
 1. Describe the activities or steps you will use to achieve the goal and each of the 3 program objectives during the entire 2-years and 9-months period of performance.
 2. Describe the timeframes, deliverables, and key partners required during the award period of performance to address each of the needs described in the Purpose and Need section.
 3. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities. Include the extent to

which these contributors address the needs of the population(s) being served in the primary care clinical sites.

4. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented and appropriately used.

In your application, provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope. Your work plan must be submitted through the SWP Form located in the Grants.gov workspace. Include a brief narrative element as outlined, in addition to completing the SWP Form.

The SWP Form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goal for this NOFO must be entered in the Program Goals section of the SWP Form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP Form. **The objectives must be those of this NOFO which can be found on page 1.** Sub-objectives can be tailored to your project needs. Sub-objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP Form. For the purpose of this NOFO, please write in “Health Equity” in the “Other Priority Linkage” if your sub-objectives align with this priority. Form instructions are provided along with the SWP Form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA Electronic Handbooks (EHBs) once an award is made, in order to review and finalize the completed SWP Form.**

- *Resolution of Challenges – Corresponds to Section V’s [Review Criterion #2\(c\) Response to Program Purpose subsection \(c\) Resolution of Challenges](#)*

In your application:

1. Discuss challenges that you are likely to encounter in designing and implementing the goal and three program objectives including providing scholarships to medical students, curricula development, and rotation of medical students in primary care community-based sites.
2. If applicable, discuss challenges that you are likely to encounter in developing or enhancing your Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school.
3. Discuss the approaches you will use to resolve the challenges described above.

- *Evaluation and Technical Support Capacity – Corresponds to Section V's [Review Criterion #3\(a\) sub-section \(a\) Evaluation and Technical Support Capacity](#)*

In your application:

1. Describe your organizational profile, budget, partners, key personnel's experience, skills, and knowledge, key processes, and expected outcomes of the funded activities.
2. Describe the systems and processes that you'll use to track performance outcomes. Describe how you'll collect, report, manage, and securely store data (for example, assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of those outcomes. At the following link you'll find examples of the current required reporting forms required for this grant program: [Report on your Grant](#). Note: Performance measures and data forms are subject to change each academic year.
3. Document the procedure for assuring the data collection, management, storage, and reporting for eligible individuals participating in the MSE Program, as well as a process to track and collect data, including the collection of National Provider Identifier (NPI) numbers, on trainees after program completion/graduation for up to 1 year. (Note: Trainees in eligible professions/disciplines who receive HRSA funds as a result of this award are required to apply for an NPI for the purpose of collecting post-graduation employment demographics).
4. Describe your plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of evaluation questions, methods, data to be collected, and timeline for implementation. Include descriptions of the inputs (for example, organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities. Evaluations must adhere to HHS Evaluation Policy and evaluation standards and best practices described in [OMB Memorandum M-20-12](#).
5. Describe the evaluation capacity of your organization and staff. Include current experience, skills, and knowledge, along with individuals on staff, materials published, and previous evaluation work. Describe any potential obstacles for implementing the program [OMB Memorandum M-20-12](#) performance evaluation and meeting our performance measurement requirements and your plan to address those obstacles. The evaluation and

reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which project activities are replicable.

- *Sustainability* – Corresponds to Section V’s [Review Criterion #3\(b\) Impact sub-section \(b\) Project Sustainability](#)
 1. Include a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; and (c) provide a timetable for becoming self-sufficient.
 2. Propose a project sustainability plan for when the period of federal funding ends that addresses how your program will continue.
 3. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.

iii. Budget

Budget - Corresponds to Section V’s [Review Criterion #5 Support Requested](#)

The *R&R Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *R&R Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

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

Subawards/subcontracts

Upload a detailed line-item budget form for each subaward to the Subaward Budget Attachment(s) Form. NOTE: The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 “Other Attachments.” These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (such as back-up information) are included in the page limit.

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

- **The budget amount for each year of the 2-years and 9-months period of performance must not be less than \$1,000,000.**

iv. *Budget Justification Narrative*

Budget - Corresponds to Section V's [Review Criterion #5 Support Requested](#)

See Section 4.1.v. of the [SF-424 R&R Application Guide](#).

Use of Funds

If applicable, applicants must provide information about the following in the budget,

- Number and amount of scholarships for medical students;
- Cost of developing and implementing Postbaccalaureate Premedical Programs;
- Cost associated with developing and implementing clinical rotations; and
- Cost for infrastructure development, maintenance, equipment, and minor renovations or alterations.
 - **Infrastructure development** – for this NOFO means sufficient personnel, financial resources, clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.
 - **Maintenance** – In grant regulations means, “Costs incurred for utilities, insurance, security, necessary maintenance, janitorial services, repair, or upkeep of buildings and equipment (including Federal property unless otherwise provided for) which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficient operating condition, are allowable.” 45 CFR 75.452.
 - Equipment and minor A&R are allowable cost. See definitions in the [SF-424 R&R Application Guide](#).

Applicants will show these expenses as direct costs in Section F. Other Direct Costs of the SF Research and Related Budget (Total Fed + Non-Fed) form.

- Describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

- Provide justification for all line-items for each of the three budget years of your program and provide a brief summary describing total direct and indirect costs annually and across all three budget years of the project.

If you include participant or trainee support costs:

- List tuition, fees, health insurance, travel, and other costs.
- Identify the number of participants and trainees.
- Separate these costs from others so we can identify them easily.
- Include a sub-total entitled “Total Participant and Trainee Support Costs” with the summary of these costs.

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

v. *Standardized Work Plan (SWP) Form*

As part of the application package submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement, proof of non-profit status (if it applies), biographical sketches, accreditation documents and Scholarship Chart for Medical Students are the exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel – required (see Section 4.1.vi. of HRSA’s SF-424 R&R Application Guide)

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

Attachment 2: Project Organizational Chart - required

Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Contracts – required

Provide any documents that describe working relationships with other entities and programs cited in the proposal, including program partnerships. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable(s). Make sure any letters of agreement are signed and dated.

Attachment 4: Accreditation Documentation – required, not counted toward page limit

You must provide:

- a statement that you hold continuing accreditation from the *Liaison Committee on Medical Education* or *American Osteopathic Association* and are not under probation;
- the dates of initial accreditation and next accrediting body review for each specialty;
- the accreditation start and expiration dates; and
- a web link to the accreditation status. The full letter of accreditation is not required.

Attachment 5: Documentation of [Primary Care Clinical Training Sites](#) - required

Provide a table describing the primary care clinical training sites, including the name of the practice site(s) and number of medical students for each year of the award.

Attachment 6: Scholarship Chart for Medical Students- required, not counted toward page limit

Provide a table description of the number of scholarships provided to medical students. A sample is provided below.

Grant Year	Number of Medical Students Scholarships	1st Year Medical Students	2nd Year Medical Students	3rd Year Medical Students	Amount of Scholarship
1					
2					
3					

Attachment 7: Letters of Support - as applicable

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 (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 (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: Request for Funding Priority - as applicable

Provide a statement that you are requesting a priority, which priority (or priorities) you are requesting, and documentation to support the request(s). Please state how the priority(ies) is/are met and include documentation to substantiate eligibility. See Section V.2 for details.

Attachments 9-11: Other Relevant Documents – as applicable

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Services Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.¹⁵

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change

¹⁵ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *R&R Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on July 26, 2024, at 11:59 p.m. ET. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *R&R Application Guide*'s Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The MSE Program is not a program subject to the provisions of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *R&R Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division D of the Further [Consolidated Appropriations Act, 2024 \(P.L. 118-47\)](#) apply to this program. See Section 4.1 of the *R&R Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You must request funding for a period of performance of 2-years and 9-months, at not less than \$1,000,000 per budget year to a maximum of \$3,666,666 total for the 2-years and 9-months period of performance (inclusive of direct **and** indirect costs).

You cannot use funds under this notice for the following:

- To acquire real property or for new construction;
- To pay for equipment costs not directly related to the purposes of this award;
- For international travel; or
- Patient services.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the [R&R Application Guide](#). We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications. Project activities must comply with the non-discrimination requirements described in Section VI.

We use five review criteria to review and rank MSE applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV’s [Introduction and Purpose](#) and [Need](#)

Reviewers will consider how well you:

1. Describe how this grant will meet the needs of your medical school and address the primary care physician shortages in your state and specifically in tribal, rural, and/or medically underserved areas.
2. Describe how you will increase the number of medical school graduates who select primary care residency programs and intend to practice in tribal, rural, and medically underserved communities.
3. Provide a description in the narrative of the current or new partners that you will engage to support the purpose of this project.
4. Describe the curricula that emphasizes practice in tribal, rural, and medically underserved communities.
5. If applicable, describe how development and implementation of Postbaccalaureate Premedical Programs will increase the number of students entering medical schools.
6. Describe the characteristics of current and new partners that align with the purpose and objectives of the MSE Program.

Criterion 2: RESPONSE (50 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section [\(a\) Work Plan](#), Sub-section [\(b\) Methodology/Approach](#) and Sub-section [\(c\) Resolution of Challenges](#)

Criterion 2 (a): WORK PLAN (20 points) – Corresponds to Section IV’s [Work Plan](#)
Reviewers will consider how well you:

1. Depict in the SWP the program goal and 3 program objectives in this NOFO and activities associated with each year of the 2-years and 9-months period of performance.
2. Provide the timeframes, deliverables, and key partners required during the grant period of performance to address the needs described in the Purpose and Need section.
3. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.
4. Describe how your organization will ensure funds are sub-awarded, expended on contracts, and properly documented and used.

Criterion 2 (b): METHODOLOGY/APPROACH (25 points) – Corresponds to Section IV's [Approach](#)

Reviewers will consider how well you:

1. Describe the strategies you will use to recruit, retain, and graduate medical students from tribal, rural, and/or medically underserved communities who are interested in practicing in these areas following residency training.
2. Provide the number, medical school year, and amount of scholarship for medical students to encourage applications to a primary care residency program (general internal medicine, general pediatrics, family medicine, or med/peds).
3. Describe the curricular content and clinical experiences to be developed that will influence medical students' decision to select primary care practice in tribal, rural, and/or medically underserved communities.
4. If applicable, describe strategies you will use in developing or enhancing your Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school.
5. Describe your strategies to improve medical students' cultural competence to meet the needs of underserved communities and 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.
6. Provide in table format a description of the primary care clinical sites for medical students as **Attachment 5**.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's [Resolution of Challenges](#):

Reviewers will consider how well you:

1. Discuss challenges in designing and implementing the goal and three program objectives including providing scholarships to medical students, curricula development, and rotation of medical students in primary care community-based sites.
2. If applicable, discuss challenges in developing or enhancing your Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school.
3. Discuss the approaches you will use to resolve the challenges described above.

Criterion 3: IMPACT (15 points) – Corresponds to Section IV’s Impact Sub-section (a) [Evaluation and Technical Support Capacity](#), and Sub-section (b) [Sustainability](#)

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) –

Reviewers will consider how well you:

1. Describe how you will collect, and report required performance data accurately and on time.
2. 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.
3. Describe your process to track trainees after program completion for up to 1 year.
 - Include collecting trainees’ NPI.
4. Describe how you will monitor and analyze performance data to support continuous quality improvement.
5. The evaluation should examine processes and progress towards goals, 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.

Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – Corresponds to Section IV’s [Sustainability](#)

Reviewers will consider how well you:

1. Provide a specific sustainability plan for support of the MSE Program.
2. Describe the challenges that are likely to be encountered in sustaining the program and proposed approaches that will be used to resolve the challenges.

Provide a plan for exploring opportunities to continue the project training and education products which includes curricula beyond federal funding.

3. Propose a timetable for becoming self-sufficient.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's [Organizational Information](#)

Reviewers will consider how well you:

1. Outline the organization's current mission, and structure, by including an organizational chart in **Attachment 2**, relevant experience, and scope of current activities, and describes how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
2. Provide evidence of institutional support such as letters of agreement (**Attachment 3**) and support (**Attachment 7**), in kind contribution of faculty/instructors, consultants, and staff (**Attachment 1**).
3. Discuss how your MSE Program will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget](#) and [Budget Justification Narrative](#)

Reviewers will consider the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results. Specifically:

1. The reasonableness of the overall proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results, including the extent to which:
 - a. The Research & Related Budget (Total Fed + Non-Fed) and the supporting budget justification narrative are complete and responsive to the budget information requested in this NOFO and the SF-424 R&R Application Guide.
 - b. The application must request no less than \$1,000,000 annually and up to \$3,666,666 for the 2-years and 9-months period of performance including direct and indirect costs.
2. The key personnel have adequate time and effort devoted to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *R&R Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high an application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors
 - Funding priority points

For this program, HRSA will use:

Funding Priorities

Report language included with the appropriations provided for this program directs HRSA to include two funding priorities.¹⁶ A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Applications for grant support may be submitted without requesting a funding priority; however, approval of a funding priority will enhance an applicant's competitive score. An applicant may apply for one, two (both), or no funding priorities. Priority points will be in addition to the possible merit score of 100 total points as outlined in the review criteria.

Each funding priority has a point value of two (2) points. Partial points will not be awarded for any funding priority. An applicant may receive an additional 4 points total if both funding priorities are met.

All applicants will receive full and equitable consideration during the review process regardless of whether they apply for or receive a funding priority. Please see [Section 5.3 of HRSA's SF-424 R&R Application Guide](#) for more details. The funding priority factors will be determined by HRSA staff.

Priority 1: Federally-recognized tribes (2 Points)

You will be granted a funding priority if you demonstrate that you are located in a state with the greatest number of Federally-recognized Tribes. HRSA defines “greatest number of federally-recognized Tribes” as any eligible state that has two (2) or more federally-recognized Tribes. To qualify for the Federally-recognized tribes funding priority, applicants must submit in **Attachment 8** the names of Federally-recognized

¹⁶ Joint Explanatory Statement, Division D—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2024.

tribes in your state from the [Department of the Interior's Bureau of Indian Affairs list of Indian Entities recognized and eligible to receive services from the United States Bureau of Indian Affairs as published in 83 FR 2112.](#)

Priority 2: Public-Private Partnerships (2 Points)

You will be granted a funding priority if you demonstrate existing public-private partnerships. To qualify for the public-private partnership funding priority, an applicant must submit in **Attachment 8** documents that describe current working relationships between your organization and other entities and programs cited in your proposal.

Examples of the partnerships are:

- Actual contractual or other agreements that clearly describe the roles of the contractors and any deliverable.
- Letters of agreement or memoranda of understanding signed by someone who holds the authority to speak for the organization or department (CEO, Chair, etc.) and dated. Letters of agreement or partnership can be with or without funding, or with in kind contribution from both parties.
- Current letters of agreement from the clinical training sites that include documentation of required clinical experiences in tribal, rural, and/or medically underserved communities for the medical students.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review, we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) (formerly named FAPIIS) 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.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in this NOFO. See Section 5.4 of the *R&R Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *R&R Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply.
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

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 [HHS Office for Civil Rights website](#).

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

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

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

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

3. Reporting

Award recipients must comply with Section 6 of the *R&R Application Guide* and the following reporting and review activities:

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- 2) **Progress Report(s).** The recipient must submit a progress report to us annually. The NOA will provide details. We will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance

information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

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

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

- 3) **Performance Reports.** Recipients must submit a Performance Report through the EHBs annually. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA. 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) will address all academic year activities from July 1 to June 30, and will be due to us on July 31 each year. You can find examples of the APR 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 NOA. If award activity extends beyond June 30 in the final year of the period of performance, we 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.

- 4) **Final Program Report.** A Final Report is due within 120 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at

<https://grants.hrsa.gov/EAuthNS/external/account/SignIn>

The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.

- Summary Information.
- Project overview.
- Project impact.
- Prospects for continuing the project and/or replicating this project elsewhere.
- Publications produced through this grant activity.
- Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

- 5) **Federal Awardee and Integrity Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility/Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Kim Ross
 Grants Management Specialist
 Division of Grants Management Operations, OFAAM
 Health Resources and Services Administration
 Phone: (301) 443-2353
 Email: kross@hrsa.gov

Program issues or technical assistance:

Anthony Anyanwu, MD
 Lead Public Health Analyst
 Division of Medicine and Dentistry
 Bureau of Health Workforce
 Health Resources and Services Administration
 Phone: (301) 443-8437
 Email: MSENOFO@HRSA.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
 Call: 1-800-518-4726 (International callers: 606-545-5035)
 Email: support@grants.gov

[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

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

TTY: 877-897-9910

Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the [HRSA R&R Application Guide \(R&R Application Guide\)](#).

Appendix A: Projected shortages of primary care physicians, by state, 2036

State	Percent Adequacy
Nevada	59%
Utah	62%
Mississippi	62%
Arizona	64%
Florida	64%
New Jersey	66%
Tennessee	67%
Alabama	67%
Oklahoma	68%
Idaho	68%
Kentucky	69%
Texas	69%
North Carolina	72%
South Carolina	73%
Georgia	74%
Alaska	75%
New Hampshire	75%
Virginia	77%
Indiana	78%
Maryland	78%
Ohio	81%
Arkansas	81%
Missouri	81%
Delaware	83%
Wyoming	84%
Pennsylvania	84%
Michigan	86%
New Mexico	86%
Iowa	86%
Kansas	88%
New York	88%
California	89%
Washington	89%
Connecticut	89%

Rhode Island	90%
Louisiana	90%
Colorado	90%
West Virginia	91%
Nebraska	93%
Montana	95%
South Dakota	96%
Wisconsin	98%
Illinois	98%
Oregon	102%
Minnesota	102%
Hawaii	103%
North Dakota	104%
Maine	105%
Massachusetts	105%
Vermont	114%
District of Columbia	247%

* Primary care physicians here include family medicine physicians, general internal medicine physicians, and pediatric physicians.

Source: Health Resources and Services Administration. Workforce Projections.
<https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

Accessed on May 22, 2024.

Appendix B: Page Limit Worksheet

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

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

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

RESEARCH & RELATED Other Project Information	8. Project Narrative	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	11. Equipment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	12. Other Attachments	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 1: Staffing Plan and Job Descriptions for Key Personnel</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 2: Project Organizational Chart</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Contracts</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 4: Accreditation</i>	<i>Not included in page limit</i>
Attachments Form	<i>Attachment 5: Primary Care Clinical Sites</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 6: Scholarship for Medical Students</i>	<i>Not included in page limit</i>
Attachments Form	<i>Attachment 7: Letters of Support</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 8: Funding Priority</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 9: Other Relevant Documents</i>	<i>My attachment = ____ pages</i>
Attachments Form	<i>Attachment 10: Other Relevant Documents</i>	<i>My attachment = ____ pages</i>

Attachments Form	Attachment 11: <i>Other Relevant Documents</i>	<i>My attachment = ____ pages</i>
# of Pages Attached to Standard Forms	Applicant Instruction: Total the number of pages in the boxes above.	
Page Limit for HRSA-24-074 = 60 pages		My total = ____ pages