U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Bureau of Health Workforce

Division of Medicine and Dentistry

Medical Student Education Program

Funding Opportunity Number: HRSA-23-124

Funding Opportunity Type(s): New

Assistance Listings Number: 93.680

Application Due Date: July 14, 2023

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 may take up to 1 month to complete.

Issuance Date: June 9, 2023

Anthony Anyanwu, MD
Lead Public Health Analyst
Phone: (301) 443-8437
Email: MSENOFO@HRSA.GOV

See Section VII for a complete list of agency contacts.

Authority: Consolidated Appropriations Act, 2023 (P.L. 117-328)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Medical Student Education (MSE) Program. The purpose of this program is to provide support to public medical schools in the top quintile of states with a projected primary care provider shortage in 2025[1] to expand or support education for medical students preparing to become physicians. This expansion can include funding for pre-entry programs and direct student support which help students be successful in medical school, as well as 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. Priority is given to applications from universities in states with the greatest number of federally-recognized tribes and from public universities with demonstrated private-public partnerships.

Funding Opportunity Title:	Medical Student Education Program
Funding Opportunity Number:	HRSA-23-124
Due Date for Applications:	July 14, 2023
Anticipated FY 2023 Total Available Funding:	Up to $48,000,000
Estimated Number and Type of Award(s):	Up to 12 grants
Estimated Annual Award Amount:	Not less than $1,000,000 and up to $4,000,000 per year for a 4-year period of performance
Cost Sharing/Match Required:	Yes. 10 percent matching of the total annual amount of federal funds each year

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[1] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Retrieved on January 12, 2023 from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf.

Period of Performance:	September 30, 2023, through September 29, 2027 (4 years)
Eligible Applicants:	Awards are limited to 12 public colleges of medicine in Alabama, Arkansas, Indiana, Kentucky, Mississippi, Missouri, Oklahoma, and Utah
	Tribes and tribal organizations are not eligible.
	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 this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA 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.

Table of Contents

I. Program Description

1. Purpose

This notice announces the opportunity to apply for funding under the Medical Student Education (MSE) Program.

The purpose of the MSE program is to provide support to public medical schools in the top quintile of states with a projected primary care provider shortage in 2025[2] to expand or support education for medical students preparing to become physicians. This expansion can include funding for pre-entry programs and direct student support 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 graduate from residency.

This will be accomplished by supporting the development of premedical school programs and medical school curricula, clinical training site partnerships, and faculty training programs that encourage students to choose further study in medicine and educate medical students who are likely to choose career paths in primary care, especially for tribal, rural, and/or medically underserved communities.

The goal of the program is to increase the number of primary care physicians practicing in the top quintile of states with a projected primary care provider shortage in 2025.

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 strategic 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.

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[2] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Retrieved on January 12, 2023 from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf.

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2. Background

The Medical Student Education Program is authorized by the Consolidated Appropriations Act, 2023 (P.L. 117-328).

A strong primary care system improves population health and reduces health disparities.[3] There is a shortage of primary care physicians across the U.S. with some states experiencing more dramatic shortfalls that limit access to quality care.[4] 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.[5]

The Association of American Medical Colleges reported that less than 10% of medical schools have more than four Native American students.[6] A number of institutions developed programs to identify, mentor, and support promising underrepresented candidates to achieve the goal of becoming physicians.[7] One such institution in Oklahoma has shown that recruiting and training students from rural and tribal communities is effective in addressing the challenges of underrepresentation and the physician workforce distribution.[8]

An important tool in supporting diversity in medicine are Postbaccalaureate Premedical programs.[9] 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.[10] Medical students from rural and medically underserved areas are more likely than their

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[3] Pham, H, Greiner, A. The Importance Of Primary Care—And Of Measuring It. Health Affairs. (August 2019). Retrieved on June 5 , 2023 from https://www.healthaffairs.org/content/forefront/importance-primary-care-and-measuring.

[4] Op. cit. U.S. Department of Health and Human Services.

[5] 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 January 17, 2023 from https://nihlibrary.ors.nih.gov/NIHLibrary/genHRSAticket.asp?url=https://www.ncbi.nlm.nih.gov/pubmed/2863 2012.

[6] Murphy, B. New effort to help Native American pre-meds pursue physician dreams. (January 13, 2022). American Medical Association. Retrieved on March 13, 2023 from https://www.ama-assn.org/education/medical-school-diversity/new-effort-help-native-american-pre-meds-pursue-physician-dreams.

[7] Green, A, Konopasky, A, Dong, T, Saguil, A, Torre, D, Durning, S. Military Medicine. Expanding Opportunities: An Evaluation of Uniformed Services University's Premedical Program for Enlisted Service Members. (September-October 2022). Volume 187. Retrieved on January 17, 2023 from https://doi.org/10.1093/milmed/usab125

[8] Bray, N. Why the needs for rural and Native American physicians are interconnected. (November 18, 2021). The DO. Retrieved on March 13, 2023 from https://thedo.osteopathic.org/2021/11/why-the-needs-for-rural-and-native-american-physicians-are-interconnected/.

[9] Op. cit. Metz, A. M. (2017).

[10] Op. cit. Metz, A. M. (2017).

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peers to practice medicine in tribal, rural, and/or medically underserved areas.[11] These students are also more likely to have socioeconomic barriers to a medical career.[12] Scholarships may help students overcome financial barriers to a career in medicine. Providing scholarships to medical students may incentivize the medical students to choose primary care residencies, particularly when they begin to finalize their choices and apply for residency.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA Health Workforce Glossary. In addition, the following definitions apply to the MSE Program for Fiscal Year 2023:

Pre-entry Programs: For the purposes of this NOFO means a variety of preparatory reinforcement and enrichment programs including the postbaccalaureate premedical school program, often directed at meeting the needs of students from minority or underserved backgrounds to be successful in the medical school admissions process and in medical school.

Postbaccalaureate Premedical Programs: For the purposes of this NOFO means 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: means 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. 293l-1(f)(3)]) a community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (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

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

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[11] Atance, J, Mickalis, M, Kincade, B. Educational Intervention in a Medically Underserved Area. (2018) Journal of American Osteopathic Association. Retrieved on January 17, 2023, from Educational Intervention in a Medically Underserved Area - PubMed (nih.gov).
[12] IBID

2. Summary of Funding

HRSA estimates up to $48,000,000 to be available annually to fund 12 recipients. You may apply for not less than $1,000,000 and up to a ceiling amount of $4,000,000 per year, reflecting direct and indirect, facilities and administrative costs. **Your request for each subsequent year of the period of performance cannot exceed your year 1 request**.

The period of performance is September 30, 2023, through September 29, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on Indirect Cost Rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition, and fees, as otherwise allowable, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

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 provider shortage in 2025. HRSA has determined that the eligible applicants for this funding opportunity are limited to accredited public colleges of medicine in Mississippi, Alabama, Kentucky, Oklahoma, Utah, Arkansas, Missouri, and Indiana.

The "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025" indicate there are 37 states with a shortage in 2025.[13] The top quintile of 37 states is 7.4. However, because the difference in adequacy scores between the seventh and eighth position was less than one percentage point, HRSA made a decision to include the

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[13] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Retrieved on January 12, 2023 from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf.

top eight states: Mississippi, Alabama, Kentucky, Oklahoma, Utah, Arkansas, Missouri, and Indiana.

HRSA then identified accredited Osteopathic and Allopathic medical schools in those eight 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 12 public, non-profit colleges of medicine within the eight states that are potentially eligible for MSE funding. HRSA has identified the following accredited public colleges of medicine in these eight states in the table below.

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 eight listed states. 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.

Eligible Public Medical Colleges in Top Quintile of States with a Projected Primary Care Provider Shortage in 2025[14]		
State	Public Medical School	City
Alabama	University of Alabama School of Medicine	Birmingham
Alabama	University of South Alabama College of Medicine	Mobile
Arkansas	University of Arkansas for Medical Sciences College of Medicine	Little Rock
Indiana	Indiana University School of Medicine	Indianapolis
Kentucky	University of Louisville School of Medicine Louisville	Louisville
Kentucky	University of Kentucky College of Medicine	Lexington
Mississippi	University of Mississippi School of Medicine	Jackson
Missouri	University of Missouri-Columbia School of Medicine	Columbia
Missouri	University of Missouri-Kansas City School of Medicine	Kansas City
Oklahoma	University of Oklahoma College of Medicine	Oklahoma City

Oklahoma	Oklahoma State University College of Osteopathic Medicine	Tulsa
Utah	University of Utah School of Medicine	Salt Lake City

Tribes and tribal organizations are not eligible.

2. Cost Sharing/Matching

Matching is required for this program. The MSE Program authorization requires an amount not less than ten percent matching of the total annual amount of federal funds provided each year in the grant to each award recipient. Higher degrees of matched funding are allowable and may help award recipients develop more sustainable plans and achieve greater health workforce outcomes. 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). Applications that fail to address cost sharing/matching requirements will be deemed ineligible and not considered for funding under this notice.

3. Other

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

- Fails to satisfy the deadline requirements referenced in Section IV.4

- Fails to satisfy the matching requirement.

- This award must not be less than $1,000,000 and up to $4,000,000.

Beneficiary Eligibility Requirement

An eligible beneficiary (participant) receiving support from grant funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other "qualified alien" under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended.

Multiple Applications

NOTE: Multiple applications from an organization 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 UEI number will be funded. The applicant may include a request for resources for a branch campus or similar entity as part of their application.

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Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA requires you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: 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.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-124 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

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. HRSA 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 don't 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)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-124 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-124 before 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. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10-15: Other Relevant Documents*.

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

Program Requirements and Expectations

Applicants must expand and support medical education by incorporating the following activities:

1. 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

communities who are most likely to go on to practice in tribal, rural, and/or medically underserved areas.

2. Ensure that at least one or more of the clinical sites for medical students are in primary care setting such as a Teaching Health Center or other community-based setting that has a primary care residency program (general internal medicine, general pediatrics, family medicine, and combination of internal medicine and general pediatrics (med/peds)).

3. Provide scholarships for medical students who intend to practice in primary care tribal, rural, and/or medically underserved areas.

4. 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 vulnerable populations.

5. Develop a plan to collect post-graduation residency choice data on medical students for one year after program completion.

Program-Specific Instructions

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

Applicants are expected to develop and upload (in Attachment 9) a disparities impact statement.

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

i. *Project Abstract*
Use the Standard OMB-approved Project Abstract Summary Form that is included 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 of this NOFO. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*. When applicable, identify if a funding priority/ preference is being requested.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria.

Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *PURPOSE AND NEED –Corresponds to Section V's Review Criterion 1*

This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve.

1. Briefly describe the purpose of your proposed project, and the nature of the primary care physician shortages in your tribal, rural, and/or medically underserved areas.

2. Describe 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.

3. Describe how Postbaccalaureate Premedical Programs will increase enrollment of the number of medical students from your tribal, rural, and/or medically underserved areas.

4. Describe the medical students' clinical training rotation site(s) in *Attachment 4.*

5. Describe the characteristics of any current or new partners that you will engage to support the purposes of this project.

6. Include a Disparities Impact Statement as Attachment 9, which is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

7. Use and cite demographic data whenever possible to support the information provided.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria 2 (a), (b), and (c).*

  - *(a) WORK PLAN -- [Corresponds to Section V's Review Criterion(a) 2 (a)](#)*
    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 Standardized Work Plan Form located in the Grants.gov workspace. Applicants should include a brief narrative element outlined below, in addition to completing the Standardized Work Plan.

    In your work plan:

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.

2. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

3. If funds will be subawarded or expended on contracts, describe how your organization will ensure the funds are properly documented

The Standardized Work Plan 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 Goal section of the** Standardized Work Plan **form.** The goal of the MSE program is to increase the number of primary care physicians practicing in the top quintile of states with a projected primary care provider shortage in 2025. **The program objectives in this NOFO must be entered in the**

objectives section of the Standardized Work Plan. Sub-objectives under each NOFO objective can be tailored to your project needs.

Form instructions are provided along with the Standardized Work Plan form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA electronic handbook (EHB) once award is made, to review and finalize the completed Standardized Work Plan**

- *(b) METHODOLOGY/APPROACH -- [Corresponds to Section V's Review Criterion 2 (b)](#)*

Propose methods that you will use to address the stated needs and meet the program goal and three program objectives in this NOFO.

In the Methodology section of your application, you must describe:

1. How you will 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 from disadvantaged communities.

2. 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. How you will develop and implement at least one or more primary care clinical rotations for medical students such as at a Teaching Health Center or other community-based setting that has a primary care residency program (general internal medicine, general pediatrics, family medicine, and combination of internal medicine and general pediatrics (med/peds).

4. How you will provide scholarships for medical students to encourage applications to a primary care residency program (general internal medicine, general pediatrics, family medicine, and med/peds) or medical students completing a clerkship in primary care serving tribal, rural, and/or medically underserved communities and intend to practice in primary care following completion of residency.

5. 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.

6. How you will develop or enhance strategic partnerships, including with Teaching Health Centers, to collaborate on educational and training activities for the medical students.

7. How you will increase the capacity of the faculty who train and mentor the medical students, including recruitment and retention activities.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges including, but not limited to:

1. Describe the challenges you may encounter in achieving the program specific requirements including developing of Postbaccalaureate Premedical programs, incorporating at least one or more of medical students' clinical rotations in primary care such as at a Teaching Health Center or other community-based setting, and distribution of scholarships to medical students within one-year of receipt of the Notice of Award.

2. Describe the challenges and obstacles regarding the program implementation and activities outlined in the work plan and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives.

3. Describe proposed solutions to the challenges that are identified.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria 3 (a) and (b).*

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

      In your application:

1. Describe the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data, including HRSA-required data (e.g., assigned skilled staff, data management software) to measure process and outcomes, and explain how the data will be used to inform program development and training.

2. Document the procedure for assuring the data collection, management, storage, and reporting of individuals participating in the program, including after graduation and their choice of residency for up to one year.

3. Describe your strategy for collecting, managing, and reporting required performance data in an accurate and timely manner. At the following link, you will find examples of the current reporting forms required for the MSE Program: http://bhw.hrsa.gov/grants/reporting/index.html. Note: Performance measures and data forms are subject to change each academic year.

4. Describe the 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. Evaluations must adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#).

- *(b) PROJECT SUSTAINABILITY -- [Corresponds to Section V's Review Criterion 3 (b)](#)*

  Propose a plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to highlight key elements of your grant project and include the following:

  1. Provide a specific sustainability plan for exploring future sources of potential funding for support for the MSE Program.

  2. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- [Corresponds to Section V's Review Criterion 4](#)*

This section will help reviewers understand the organization that would receive funding for training.

1. Demonstrate that project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through the project narrative, as well as through the key personnel biographical sketches and attachments.

2. Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.

3. A project organizational chart is requested in **Attachment 3.** This chart should delineate the relationships, roles, and responsibilities of all partner organizations, including Teaching Health Center(s) that has a primary care residency program (general internal medicine, general pediatrics, family medicine, and combination of internal medicine and general pediatrics (med/peds)) and training program partners.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED

Biographical Sketches

Provide a biographical sketch for key faculty/staff contributing to the project. The information must be current, indicating the individual's position and sufficient detail to

assess the individual's qualifications for the position being sought and consistent with the position description. ***Each biographical sketch should be limited to one page as they count toward the overall page limit***. 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:

    o Institution and location

    o Degree (if applicable)

    o Date of degree (MM/YY)

    o 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
The Project Director must be a board-certified physician, employed by the applicant organization, and dedicate at least 20 percent of his/her time (may be in-kind or funded by grant funds) to grant activities.

iii. *Budget*

The directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your 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.

Your project will be supported by both the grant award and the non-federal matching funds. You must apply for **at least** $1,000,000 per year but no more than $4,000,000 per year of federal funding, plus you must also include 10 percent non-federal matching funds.

You will be using the SF Research and Related Budget (Total Fed + Non-Fed) form for this program to show both federal funds and non-federal matching funds (10 percent). Provide a separate SF-424 R&R (Total Fed + Non-Fed) line-item budget form for each 12-month increment of activity (for each budget year of the four-year period of performance).

Matching

Matching **is required** for this program. The authorizing legislation requires not less than ten percent match in non-federal contributions for this grant each budget period.

Applicant organizations must match at least 10 percent of federal funds provided under this grant either in cash or in-kind. In-kind contributions may include cost of housing, equipment, services, faculty, and preceptors who are not supported by grant funds. The 10 percent may also be provided from state, local, or private sources.

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the R&R Subaward Budget Attachment(s) Form.

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 (i.e., back-up information) are included in the page limit.

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.

As required by the Consolidated Appropriations Act, 2023. (P.L. 117-328), Division H, § 202 "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.". Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

Use of Funds

All applicants must provide a plan and budget reflective of the

- number of medical students that are projected to receive scholarships under this grant per year;

- 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, physical facilities, equipment, and 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 defined 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.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

All budgets must provide sufficient details to fully explain and justify the resources needed to accomplish all program objectives.

The budget justification narrative must describe all line-item federal funds (including subawards), and 10 percent matching non-federal funds proposed for this project. Please note: all budget justification narratives count against the page limit. In addition, the MSE Program requires the following:

> *Program Evaluation and Impact Costs:* You must ensure that you have dedicated sufficient funds in your budget to conduct the required program evaluation and impact as described in Section V's Review Criterion.

Participant/Trainee Support Costs: List the number of participants/trainees receiving scholarships. Scholarships include tuition/fees/health insurance, stipends, travel. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee 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.

Subawards/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that their institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.

Reminder: Award recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the award recipient with their UEI number.

v. **Standardized Work Plan Form**

As part of the application package submitted through Grants.gov, you must complete and electronically submit the Standardized Work Plan 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 items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))(Required)

Keep each job description to one page in length as much as is 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: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (As Applicable)

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. Include agreements with tribal organizations and

facilities, Primary Care Association, Primary Care Organizations, and/or State Offices of Rural Health, as applicable. Memoranda of Understanding and/or letter of agreement must be dated and signed by all parties. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Letters of agreement should include the following information:

- Role of each partner in the conduct of the proposed project, and how the expertise and resources of each partner complements those of other partners; and
- Evidence that the partners have jointly planned and will jointly conduct the proposed reciprocal partnership's activities.

Attachment 3: Project Organizational Chart (Required)
Provide a one-page figure that depicts the organizational structure of the MSE project which includes the relationships among the applicant organization and all partnerships. (Provide evidence of your formal partnerships. Include in the organizational chart graphics that demonstrate the roles, responsibilities, and functions of each member and/or partner. The organizational chart should include community stakeholders, providers, preceptors, faculty and students, clinical sites.

Attachment 4: Clinical Training Site(s) Table (Required)
Provide a table description of the clinical training site(s), including the name of the training and practice site and number of medical students who will train there each year of the grant. A sample is provided below.

Name of Clinical Rotation Site	*Clinical Training Site Address (EXAMPLE* *Main Street, Town, State,* *Extended Zip code)*	*Tribal Site* *(Yes/No)*	Clinical rotation site is located in a rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health. *(Yes/No) (as applicable)*	*Number of students who will be involved in grant activities per year.*	*Grant Year 1,2,3,4*

Attachment 5: 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.

Attachment 6: LCME and AOA Accreditation Documents (Required)

You must provide (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required.

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: Scholarship Chart for Medical Students (Required)

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

Grant Year	Number of Medical Students Scholarship	1st Year Medical Students	2nd Year Medical Students	3rd Year Medical Students	4th Year Medical Students
1					
2					
3					
4					

Attachment 9: Disparities Impact Statement (Required)

A Disparities Impact Statement (DIS) is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

Please note that **elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections.** Please include any relevant information from those sections into this attachment.

At a minimum, the DIS should address the following:

1) The efforts your organization will make to prepare trainees to address the social determinants of health, including but not limited to access barriers to health services, and health literacy.

   - For example: after considering data about the percentage of non-English-speaking residents of the local geographical area, design training related to overcoming language barriers to service utilization.

2) The strategies your organization will engage to improve trainee cultural competence to meet the needs of underserved communities by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care Standards.

   - For example: To improve cultural and linguistic competence, our trainings will utilize the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. This will include a focus on:

     a. Diverse cultural health practices

     b. Preferred languages/language translation services

     c. Training and integration of CLAS Standards, health literacy and other communication needs of the disparity sub-populations identified

3) Measure and report where graduates (completers of training programs) are 1 year following completion and how many of them align demographically with the community and/or disparity sub-populations they are serving, such as graduates/program completers from rural areas now practicing in a rural area.

Project activities must comply with the non-discrimination requirements described in Section VI.

Attachments 10–15: Other Relevant Documents (As Applicable)
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

Effective April 4, 2022

- The UEI, a new, non-proprietary identifier assigned by [SAM](SAM), has replaced the Data Universal Numbering System (DUNS) number.

- Register in SAM.gov and you will be assigned your UEI within SAM.gov.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM)
  (https://www.sam.gov/https://sam.gov/content/home | SAM Knowledge Base)

- Grants.gov (http://www.grants.gov/https://www.grants.gov/)

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

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

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

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage

entity registration data entry but cannot manage roles.

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

For more details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide.*

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***July 14, 2023, at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide, Section 8.2.5* for additional information.

5. Intergovernmental Review

MSE Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You must request funding for a period of performance of up to 4 years, at not less than $1,000,000 per year to a maximum of $4,000,000 (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, 2023 (P.L. 117-328) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

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

- new construction
- patient services
- international travel

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide.* Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Grant regulations prohibit certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: **2021-01E**.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria. The entire proposal will be considered during objective review.

Five review criteria are used to review and rank the MSE Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need

Reviewers will consider whether you have presented a clear purpose and evidence of a significant and compelling need for expanding or supporting enhanced training of medical students to become primary care clinicians.

Reviewers will consider the extent to which the application:

1. Describes the curricula that emphasizes practices in tribal, rural, and medically underserved communities.

2. Describes how development and implementation of Postbaccalaureate Premedical programs will increase the number of students entering medical schools

3. Describes the clinical training rotation site(s) for medical students in *Attachment 4.*

4. Describes the characteristics of current and new partners that align with the purposes of this project.

Describes how quality and content of the Disparities Impact Statement as **Attachment 9** identifies and addresses how services will be delivered to, and received by, underserved and sub-population groups within a targeted geographical area.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) *– Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan*

Reviewers will assess the extent to which the application provides the goal and three program objectives, and related subobjectives and activities, that will be used to achieve the goal and program objectives in the Standardized Work Plan, and the extent to which the application includes the following:

1. Describes the activities or steps the applicant will use to achieve each of the objectives proposed during the entire period of performance as identified in the Methodology section.

2. Provides the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

3. Describes how, if funds will be subawarded or expended on contracts, the applicant organization will ensure the 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 subrecipient monitoring and management.

Criterion 2 (b): METHODOLOGY/APPROACH (25 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section and includes the following:

1. Lists the three program objectives used in the Standardized Work Plan (specific, measurable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs.

2. Describes how you will develop, enhance, and implement Postbaccalaureate Premedical program.

3. Describes how you will develop and implement primary care clinical rotations for medical students such as at a Teaching Health Center or community-based setting, that has a primary care residency program) as **Attachment 4.**

4. Describes how you will provide scholarships for medical students.

5. Describes how you will 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.

6. Describes how you will develop or enhance strategic partnerships, including with Teaching Health Centers and other community-based providers in underserved communities, to collaborate on educational and training activities for the medical students.

7. Describes how you will increase the capacity of the faculty who train and mentor the medical students, including recruitment and retention activities.

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

Reviewers will consider the extent to which the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise and include the following:

1. Describes the challenges and obstacles described regarding the program implementation and activities outlined in the work plan and demonstrates resources to overcome these challenges for the achievement of the proposed goals and objectives.

2. Describes challenges in locating and providing clinical rotations in primary care such as at a Teaching Health Center or community-based setting.

3. Describes challenges the applicant organization may encounter in achieving the program specific requirements including development and implementation of Postbaccalaureate Premedical programs and clinical rotations in primary care within one year of receipt of the Notice of Award.

4. Describes proposed approaches to resolve the challenges identified.

Criterion 3: IMPACT (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability)

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – [Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity](#)

Reviewers will assess the extent to which the proposed project will address the shortage of primary care physicians, if funded. This includes both internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a).

Specific criteria include the extent to which the application:
1. Describes the data collection plan to collect, manage, analyze, and track data, including medical students' selection of residency specialty, (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.

2. Describes the implementation of the program performance evaluation and HRSA's performance measures requirements, describe current experience, skills, and knowledge of the evaluation team, including individuals on staff, materials published, and previous work of a similar nature.

3. Describes any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.

Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – [Corresponds to Section IV's Impact Sub-section (b) Project Sustainability](#)

Reviewers will assess the extent to which the application describes a solid plan for project sustainability after the period of federal funding ends, the extent to which it clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges, including the following:

1. Provides a specific sustainability plan for exploring future sources of potential funding for support of the MSE Program.

2. Describes the challenges that are likely to be encountered in sustaining the program and proposed approaches that will be used to resolve the challenges.

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

Reviewers will assess the extent to which the applicant documents the following organizational strengths:

1. Demonstrates that project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the key personnel biographical sketches and attachments.

2. Outlines the organization's current mission, and structure, by including an organizational chart in **Attachment 3**, 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.

3. Discusses how the 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.

4. Provides evidence of institutional support such as letters of agreement in **Attachment 2** and support in **Attachment 7**, in-kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachments 1** (Staffing Plan and Job Description for Key Personnel) and **Attachment 3** (Project Organizational Chart).

Criterion 5: SUPPORT REQUESTED (10 points) – [Corresponds to Section IV's Budget Justification Narrative and SF424 R&R budget forms.](#)

Reviewers will assess the extent to which the application demonstrates:

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results.

2. The completeness of the SF-424 Research and Related Budget (Total Fed + Non-Fed), and responsiveness to the budget information requested within this NOFO and SF-424 R&R Application Guide.

3. The key personnel have adequate time and effort devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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 R&R Application Guide](#)* for more details.

Funding Priorities

Report language included with the appropriations for this program directs HRSA to include two funding priorities. 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 if both funding priorities are met.**

Applicants must provide the requested information for a Funding Priority Request in Attachment 5, and it must be made clear that one, or more priority(ies) is/are being requested. You must clearly indicate which funding priority(ies) you are applying for and provide all required information. Failure to clearly request the funding priority may result in the priority not being applied. Failure to provide the requested information, documentation, and sufficient detail may also result in the priority not being applied.

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 the applicant is located in a state with a greater number of Federally-recognized Tribes. This funding priority factor will be determined by HRSA staff using 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 34863. HRSA defines "greater number of federally-recognized Tribes" as any eligible state that has two (2) or more federally-recognized Tribes.

Priority 2: Public-Private Partnerships (2 Points)

You will be granted a funding priority if you demonstrate existing public-private partnerships. HRSA staff will determine the funding priority factor. To qualify for the Public-Private Partnership priority, an applicant must include:

- Any documents that describe current working relationships between your organization and other entities and programs cited in the proposal in *Attachment 6.* Documents that confirm actual contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be 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.

- A statement that the applicant continues to have a partnership with the relevant partnering entity.

- The date of initial Letters of Agreement or Memoranda of Understanding.

- A narrative description of how the entities have collaborated in the past.

More specific information on how to apply for the funding priority can be found under **Attachment 5** requirements.

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.

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 (FAPIIS). 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 FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

If you are successful and receive an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,

- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex.https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html](#)

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedomhttps://www.hhs.gov/conscience/religious-freedom/index.html](#).

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

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

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322(b)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable

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right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322(d)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that 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, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the Standardized Work Plan.

   More information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

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

3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at https://grants.hrsa.gov/webexternal/home.asp.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.

- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.

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

Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

Anthony Anyanwu, MD
Lead Public Health Analyst, Division of Medicine and Dentistry
Attn: Medical Student Education Program
Bureau of Health Workforce
Health Resources and Services Administration
Phone: (301) 443-8437
Email: MSENOFO@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks (EHBs)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

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

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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 Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Appendix A: 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 Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	My attachment = ___ pages
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	My attachment = ___ pages
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	My attachment = ___ pages
Project/Performance Site Location(s)	Additional Location(s)	My attachment = ____ pages
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	My attachment = ____ pages
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	My attachment = ____ pages
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justirfication	My attachment = ____ pages
RESEARCH & RELATED Other Project Information	8. Project Narrative	My attachment = ____ pages
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	My attachment = ____ pages

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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 *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	*My attachment = _____ pages*
RESEARCH & RELATED Other Project Information	11. Equipment	*My attachment = _____ pages*
RESEARCH & RELATED Other Project Information	12. Other Attachments	*My attachment = _____ pages*
Attachments Form	Attachment 1: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ____ pages*
Attachments Form	Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts	*My attachment = ____ pages*
Attachments Form	Attachment 3: Project Organizational Chart	*My attachment = ____ pages*
Attachments Form	Attachment 4: Clinical Rotation Site(s) Table	*My attachment = ____ pages*
Attachments Form	Attachment 5: Funding Prioity	*My attachment = ____ pages*
Attachments Form	Attachment 6: LCME and AOA Accreditation Documents	*My attachment = ____ pages*
Attachments Form	Attachment 7: Letters of Support	*My attachment = ____ pages*
Attachments Form	Attachment 8: Scholarship Chart	*My attachment = ____ pages*
Attachments Form	Attachment 9: Disparities Impact Statement	*My attachment = ____ pages*
Attachments Form	Attachment 10: Other Relevant Documents	*My attachment = ____ pages*

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 *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 11: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 12: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 13: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 14: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 15: Other Relevant Documents	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-124 is 60 pages		**My total = ____ pages**