U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Bureau of Health Workforce

Division of Medicine and Dentistry

Public Health Scholarship Program

Funding Opportunity Number: HRSA-22-122

Funding Opportunity Type(s): New

Assistance Listings (AL) Number: 93.516

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: June 1, 2022

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: March 29, 2022

Anne Patterson
Project Officer
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See Section VII for a complete list of agency contacts.

Authority: Section 2501 of the American Rescue Plan Act of 2021 (Public Law No. 117-2) (Section 765 of the Public Health Service Act (42 U.S.C. § 295)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Public Health Scholarship Program (PHSP). The purpose of PHSP is to strengthen the public health workforce by providing support to organizations to develop scholarship programs that incentivize individuals to pursue training and careers in public health. Through the PHSP, scholarship recipients will gain the requisite knowledge and skills necessary to prevent, prepare for, and respond to recovery activities related to COVID–19, as well as other public health emergencies.

Applicants will be required to have an existing public health training program as well as public health partnerships in place, along with a system for scholarship recipients to maintain or be transitioned into employment in public health upon completion of their training. This program will enhance the public health system to meet the core public health functions and the Ten Essential Public Health Services.[1]

Funding Opportunity Title:	Public Health Scholarship Program (PHSP)
Funding Opportunity Number:	HRSA-22-122
Due Date for Applications:	June 1, 2022
Anticipated Total Available FY 2022 Funding:	$39,000,000
Estimated Number and Type of Award(s):	Up to 26 grants
Estimated Total Award Amount:	Up to $1,500,000 per award (fully-funded at the outset for the use over the period of performance)
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2025 (3 years)

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[1] Centers for Disease Control and Prevention. Public Health Professionals Gateway. The Ten Essential Public Health Services. Retrieved from https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html on October 28, 2021.

Eligible Applicants:	Eligible entities are:

	(A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs;
	    (B) an academic health center;
	    (C) a State or local government; or
	    (D) any other appropriate public or private nonprofit Entity.
	
	See Section III.1 of this Notice of Funding Opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

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 at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Public Health Scholarship Program (PHSP).

The purpose of the PHSP is to strengthen the public health workforce by providing support to organizations to develop scholarship programs that incentivize individuals to pursue training and careers in public health. Through the PHSP, scholarship recipients will gain the requisite knowledge and skills necessary to prevent, prepare for, and respond to recovery activities related to COVID–19, as well as other public health emergencies.

Awarded recipients will provide scholarships to individuals, for the purpose of public health training in professional, graduate, degree, and/or certificate programs. For example, health professions schools would provide scholarships to students seeking a graduate degree in public health. A community college offering an associate degree in public health would provide scholarships to students to train as health educators. A public health department/entity/site would provide scholarships to employees who are training for advanced public health certifications. These examples are not an exhaustive list of training opportunities.

Applicants will be required to have an existing public health training program as well as public health partnerships in place, along with a system for scholarship recipients to maintain or be transitioned into employment in public health upon completion of their training.

This program will enhance the public health system to meet the core public health functions and the Ten Essential Public Health Services.[2] Training participants will include individuals currently working in state or local governments, including state, local, territorial or tribal public health departments, and individuals in public health-related training programs. Scholarship recipients will be trained to work as case investigators, contact tracers, social support specialists, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions as may be required to prevent, prepare for, and respond to recovery activities related to COVID-19, as well as other public health emergencies.

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[2] The Ten Essential Public Health Services as stated by the Centers for Disease Control and Prevention, Available at https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Program Goals

The goal of the program is to increase the capacity in public health systems to meet core public health functions, the Ten Essential Public Health Services, and decrease public health inequities and health disparities.

Program Objectives

1. Enhance the knowledge and skills of the public health workforce by developing or strengthening community partnerships and linkages to identify employment needs, training opportunities, and to facilitate scholarship recipients' employment post-training completion in state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations.

2. Educate the public health workforce to address public health inequities and health disparities and incorporate principles of social determinants of health (SDOH) into practice.

3. Educate the public health workforce to prevent, prepare for, and respond to recovery activities related to COVID–19, as well as other public health emergencies, by providing public health field experience (practicum) opportunities.

For more details, see Program Requirements and Expectations.

General Emergency Preparedness Statement
Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to the Public Health Scholarship Program.

2. Background

The PHSP is authorized by Section 2501 of the American Rescue Plan (ARP) Act of 2021, and Section 765 of the Public Health Service Act.[3]

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[3] Public Law 117-2, section 2501. American Rescue Plan Act of 2021. (March 11, 2021). Retrieved on October 28, 2021 at https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf.

The first line of defense to prevent disease, protect health, and keep the public safe is a well-trained public health workforce.[4] The state and local governmental public health workforce is primarily made up of employees with no formal public health training.[5] The COVID-19 pandemic exacerbated the need to bolster an already underfunded and understaffed public health workforce.[6] As of January 7, 2022, there have been 829,740 deaths in the United States due to COVID-19.[7] This is even more challenging for rural communities experiencing weakened health care infrastructure, health care provider shortages, and closures of rural hospitals.[8] Solutions need to include issues around rurality as well as the SDOH that influence health care outcomes.[9]

The COVID pandemic also created hardships for families in underserved communities including job loss, wage reduction, mental health issues, and substance use. Many low-income workers risked infection by working outside of the home. Communities that have a high percentage of people living in poverty, substandard housing, inadequate education, and lacking access to proper nutrition and health care, are more likely to experience more chronic diseases resulting in infection and severe illness, high number of hospitalizations, and deaths.[10]

Findings from the *Public Health Workforce Interests and Needs Survey (PH WINS)* indicate that a large proportion of public health workers are considering leaving their jobs due to dissatisfaction with pay, lack of opportunity for advancement, and workplace environment. [11] The survey also reveals that the workforce is primarily made up of employees with no formal training. For example, although 30 percent of the public health workforce surveyed had a masters' degree, only 14 percent of the governmental public

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[4]Centers for Disease Control and Prevention. (2019, August 12). *Public Health Workforce Development*. Centers for Disease Control and Prevention. Retrieved September 1, 2021, from https://www.cdc.gov/csels/dsepd/strategic-workforce-activities/ph-workforce/action-plan.html#:~:text=A%20well%20trained%20public%20health%20workforce%20is%20our%20first,prevent%20disease%2C%20protect%20health%2C%20and%20keep%20people%20safe.\.

[5] Halverson, Paul K.. Ensuring a Strong Public Health Workforce for the 21st Century: Reflections on PH WINS 2017. Journal of Public Health Management and Practice: March/April 2019 - Volume 25 - Issue - p S1-S3 Retrieved on September 1, 2021 from
https://journals.lww.com/jphmp/Fulltext/2019/03001/Ensuring_a_Strong_Public_Health_Workforce_for_the.1.aspx

[6]Stone, Kahler W., Kintziger, Kristina W., Jagger, Meredith A. International Journal of Environmental Research and Public Health Public Health Workforce Burnout in the COVID-19 Response in the U.S. April 2021. Retrieved on September 1, 2021 from https://www.mdpi.com/1660-4601/18/8/4369.

[7] Centers for Disease Control and Prevention, COVID Data Tracker Weekly Review Interpretive Summary for January 7, 2022, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html and https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

[8] Melvin, Sandra C., Wiggins, Corey, Burse, Nakeitra Burse, et al. The Role of Public Health in COVID-19 Emergency Response Efforts From a Rural Health Perspective. Prevent Chronic Disease. Public Health Research, Practice, and Policy. Volume 17. July 2020. Retrieved on September 1, 2021 from
https://www.cdc.gov/pcd/issues/2020/20_0256.htm.

[9] Ibid.

[10] Hoyt, L. The Impact of COVID-19 on Underserved Communities. Rutgers Global Health Insititute, State University of New Jersy. (Nov 2020). Retrieved on March 16, 2021 from https://globalhealth.rutgers.edu/news/the-impact-of-covid-19-on-underserved-communities/..

[11] de Beaumont Foundation. 2017 National Findings Public Health Workforce Interests and Needs Survey. January 2019. Retrieved on September 1, 2021 from https://debeaumont.org/wp-content/uploads/2019/04/PH-WINS-2017.pdf.

health workforce had formal training in public health.[12] Furthermore, the survey found that one-third of the state public health workforce indicated they would be leaving their organization to take a job outside of public health.[13]

Public health workforce development aims to improve health outcomes by enhancing the training, skills, and performance of public health workers.[14] The Ten Essential Public Health Services are a guide to ensure public health workers are trained to promote policies, systems and conditions for population health and remove barriers to promote health equity in all communities.[15]

In order to address the short- and long-term needs and health disparities of the nation, funds will be used to prepare public health workers for a variety of public health roles, such as conducting and implementing testing, contact tracing, vaccination administration, case management, and support for outbreak investigations.[16]

This program will provide funds to award recipients to provide scholarships to individuals, including grant recipient employees, receiving training in professional, graduate, degree, and/or certificate programs in public health. Providing scholarships will provide the public health workforce an opportunity to receive more formal public health training that is so desperately needed.

Additional information on the Bureau of Health Workforce programs can be found at https://bhw.hrsa.gov/.

Program Definitions

A glossary containing general definitions for terms used in Bureau of Health Workforce NOFOs is located at the HRSA Health Workforce Glossary. In addition, the following definitions apply to the Public Health Scholarship Program for fiscal year 2022:

Centers for Disease Control and Prevention (CDC) Social Vulnerability Index— describes the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters and disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.[17]

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[12] Ibid.

[13] Ibid.

[14] Public Health Foundation. Workforce Development Training Programs. (n.d.) Retrieved on September 1, 2021 from http://www.phf.org/focusareas/workforcedevelopment/Pages/Workforce_Development_Training.aspx.

[15] Ibid

[16] Peter H. Kilmarx, Theodore Long, Michael J. A. Reid, A National Public Health Workforce to Control COVID-19 and Address Health Disparities in the United States, *Open Forum Infectious Diseases*, Volume 8, Issue 7, July 2021, of ab304, https://doi.org/10.1093/ofid/ofab304.

[17] Social Vulnerability Index, Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) is located at https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Community-based Organization— a public or private nonprofit entity that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

Core Competencies for Public Health Professionals— a consensus set of skills for the broad practice of public health, as defined by the Ten Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. The Core Competencies "support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve."[18]

Graduate —for purposes of this NOFO, individuals who completed all requirements for a degree or non-degree public health training program or training activity.

Health Equity— means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[19]

Public Health Surveillance— is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.[20]

Scholarship— Provision of financial support in the form of tuition, fees, and other educational costs.

Social Determinants of Health (SDOH)— The Department of Health and Human Services (HHS) defines "social determinants of health" as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into five domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context.

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[18] Public Health Foundation. Core Competencies for Public Health Professionals. (October 21, 2021). Retrieved on November 5, 2021 from http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx .
[19] Definition of Health Equity: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, https://www.cdc.gov/chronicdisease/healthequity/index.htm#:~:text=Health%20Equity%20Health%20equity%20is%20achieved%20when%20every,of%20social%20position%20or%20other%20socially%20determined%20circumstances.%E2%80%9D
[20] Centers for Disease Control and Prevention https://www.cdc.gov/training/publichealth101/surveillance.html.

Telehealth— is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.[21]

Ten Essential Public Health Services— provides a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Ten Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.[22]

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.

2. Summary of Funding

HRSA estimates approximately $39,000,000 to be available to fund 26 recipients. You may apply for a ceiling amount of up to $1,500,000 per award (fully-funded at the outset for the use over the period of performance), with a ceiling amount of $500,000 per year (includes both direct and indirect/facilities and administrative costs). All funds will be awarded the first year for use over the entire period of performance.

The period of performance is September 30, 2022 through September 29, 2025 (3 years). HRSA may reduce or take other enforcement actions regarding recipient funding levels if the recipient is unable to fully-succeed in achieving the goals outlined in the application.

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.

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[21] Definition of Telehealth: Health Resources and Services Administration, Federal Office of Rural Health Policy, Office for the Advancement of Telehealth, https://www.hrsa.gov/rural-health/telehealth/what-is-telehealth
[22] The Ten Essential Public Health Services as stated by the Centers for Disease Control and Prevention, Available at https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

III. Eligibility Information

1. Eligible Applicants

Eligible entities for the PHSP are:

> (A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs;

> (B) an academic health center;

> (C) a State or local government; or

> (D) any other appropriate public or private nonprofit entity.

Eligible applicants include domestic public or private nonprofit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply, if otherwise eligible.

Applicants must provide a statement as **Attachment 9**, documenting justification of their eligibility and ability to carry out the scope of work of this NOFO.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount

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

Accreditation

Health professions schools and programs must provide documentation of accreditation as **Attachment 10**. Documentation must include: (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, (2) the dates of initial accreditation and next accrediting body review, (3) the accreditation start and expiration dates, and (4) a web link to the accreditation status. The full letter of accreditation is not required. Failure to submit the required accreditation documentation may be considered by HRSA as non-responsive and ineligible for consideration. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of change in status.

Maintenance of Effort (MOE)

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2. Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the MOE information in the chart provided on page 26 and submit as **Attachment 6.**
HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization with the same DUNS number or Unique Entity Identifier (UEI) are allowable if the applications propose separate and distinct projects. An "organization" for this NOFO is defined by having a valid DUNS number or UEI.

NOTE: HRSA has several open funding opportunities that support the Public Health Workforce. In an effort to not duplicate funding and efforts, entities may only be supported by one program. Entities may apply for HRSA-22-117-Rural Public Health Workforce Training Network Program through the Federal Office of Rural Health Policy (FORHP) or HRSA-22-124-Community Health Worker and Paraprofessional Training Program through the Bureau of Health Workforce if otherwise eligible. However, entities will only receive funding through HRSA-22-117, HRSA-22-124, or HRSA-22-122-Public Health Scholarship Program.

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

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

Beneficiary Eligibility

A student/trainee receiving support from grant funds must be a citizen, national, or permanent resident of the United States.

NOTE: Applicants may offer scholarships to multiple types and levels of trainees.

Project Director
The project director must be employed by the applicant organization.

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 NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

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-22-122 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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, certifications, etc. You must submit the information outlined in the 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 HRSA's *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO.

Note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biosketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-122, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-122 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 13: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of HHS with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs, and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used for scholarships to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website](#).

Program Requirements and Expectations

Applicants that do not meet all of the program requirements will be considered non-responsive and will not will not be considered for funding under this notice.

Programs **must:**

1. Have an existing public health training program in place. Applicants must have trainees in place to begin their public health training within six months of receipt of the Notice of Award. This NOFO does not support a planning year.

2. Provide scholarships for individuals participating in the PHSP and have a system in place to assist scholarship recipients to maintain or obtain employment in public health upon completion of their training.

3. Develop or enhance partnerships with academia, state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations, to provide public health field experiences (practica) and to develop employment opportunities for trainees once they have completed their training.

4. Provide, as appropriate for the program of study, public health field experiences (practica) at the state, local, and/or community level for each trainee for at least three months or as required by the type and level of the public health training program, to promote collaboration across sectors to address SDOH as well as increase understanding of health equity and health disparities. The practicum can be in the same or different locations and must include cumulative training for no less than three months over the course of the program.

5. Incorporate training to increase the use of culturally and linguistically appropriate services throughout the program or curriculum. Applicants can reference the HHS Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

6. Incorporate a Disparity Impact Statement in your application using local data to identify populations at highest risk for health disparities and low health literacy. Below are HHS resources that can help you develop a Disparity Impact Statement. CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement SAMHSA.gov: Disparity Impact Statement.

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:

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 limitation. See **Form Alert** in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The abstract must include:

1. A brief overview of the project as a whole;

2. Specific, measurable objectives that the project will accomplish;

3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.

4. A statement on the projected number of trainees to be awarded scholarships each year of the grant.

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

Narrative Section	Review Criteria
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.

Use the following section headers for the narrative:

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

Briefly describe the purpose of the proposed project. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the organization that would receive funding.

1. Incorporate a Disparity Impact Statement as **Attachment 8**, using local data (e.g., the CDC SVI https://www.atsdr.cdc.gov/placeandhealth/svi/index.html) to identify populations at highest risk for health disparities, low health literacy, SDOH, and infrastructure to receive necessary services in rural or underserved communities to document the need for the proposed project.

2. Describe national, regional, and/or local public health workforce shortages that are needed to prevent, prepare for and respond to recovery activities related to COVID-19, and other public health emergencies.

3. Describe your existing academic and/or community-based partners to identify public health workforce employment needs, training opportunities, and to facilitate scholarship recipients' employment post-training completion.

4. Describe your type and content of public health training program in professional, graduate, degree, and/or certificate programs and the field experiences (practica) proposed that will prepare the public health workforce to fill the employment needs in state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations.

5. Describe need to incorporate training to increase the use of culturally and linguistically appropriate services, and the need to address public health inequities and health disparities and the principles of SDOH throughout the program or curriculum.

- *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 2 (a)*

    Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

    You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.

    1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance, including how they are specific and identified for each year of the project period and provide indication of persons responsible for each activity.

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

    3. Describe how funds will be subawarded or expended on contracts, if applicable, and ensure that 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.

    4. Describe specific plans and strategies for trainees to receive scholarships.

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

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

1. List your project objectives (specific, measureable, achievable, realistic, and time-framed) and proposed activities, summarize the proposed activities, and provide evidence for how they link to the project purpose and stated needs. These are the same project objectives in the SWP.

2. Describe type and content of public health training including the field experiences (practica) for at least three months in duration, or as required by the type and level of the public health workforce training program in **Attachment 12** and proposed methods that you will use to address the stated needs and meet each of the program requirements and expectations in this NOFO.

3. Describe how your Disparity Impact Statement, in **Attachment 8**, depicts the framework for the project, and the tools and strategies to address the core public health functions, the Ten Essential Public Health Services, and culturally- and linguistically-appropriate services.

4. Describe the tools and strategies for identifying training needs and employment opportunities for scholarship recipients to maintain or obtain employment in public health upon completion of their training.

5. Provide a trainee table with projected number of trainees by type of public health training program, profession, discipline, and scholarship amount to be enrolled and to complete the training program for each year of the project period in **Attachment 5.**

6. Describe a plan to track scholarship recipients including those hired by state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, and/or public health professional organizations.

7. Describe the plan for engaging with academic and community-based partners. Provide letters of support in **Attachment 7** and/or letters of agreement and/or memorandum of understanding in **Attachment 3** supporting this information.

8. Describe a plan to disseminate reports, products, and/or project outputs so project information is provided to key audiences. Explain why your project is innovative and provide the context for the project's innovation.

9. Provide a one-page logic model appropriate for conceptualizing, designing, managing, and evaluating the project that includes objectives, activities, and short-, intermediate-, and long-term outcomes and attach as **Attachment 1.**

Logic Models

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan

provides the "how to" steps. You can find additional information on developing logic models at the following website:
https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

- *(c) 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.

1. Describe the challenges you may encounter in achieving the program specific requirements including having trainees in place within six months of receipt of the applicant organization's Notice of Award.

2. Describe the challenges and obstacles in regard to 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 challenges in locating and providing public health field experiences (practica) in state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, and/or public health professional organizations for the trainees.

4. 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)](#)*

Describe the evaluation measures to assess: 1) the extent to which the program objectives have been met; and 2) the extent to which these can be attributed to the project.

1. Describe how project faculty/staff demonstrate the technical capacity to conduct the evaluation of the project including evaluation of outcomes matched to prevailing quality measures.

2. Describe the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data (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 training in a way that allows for accurate and timely reporting of performance outcomes.

3. Describe the plan for program performance evaluation including your plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted in the SWP.

   - Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.
   - Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

4. Describe the systems and processes that will support your organization's collection of HRSA's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. At the following link, the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Sample data points that you may be required to collect include—but are not limited to—the following:

a. Number and demographics of program participants each year of the grant (including, year of birth, gender, ethnicity, and race).

b. Number of program participants from a disadvantaged background.

c. Number of program participants from a rural area.

d. Number and duration of public health field experiences (practica) at state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, and/or public health professional organizations.

e. Number of curriculum development offerings created by the grant each year of the grant and number of individuals participating in each offering.

f. Number of program participants who complete public health field experiences (practica) in state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, and/or public health professional organizations.

g. Number and type of participating partners offering public health field experiences (practica) at state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, and/or public health professional organizations.

h. Number of individuals who completed public health field experiences (practica) in state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, or public health professional organizations and who were hired by state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, or public health professional organizations post-training.

5. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

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

Provide a clear plan for project sustainability after the period of federal funding ends.

1. Provide a specific sustainability plan for exploring future sources of potential funding for support of the public health field experiences (practica).

2. Propose timetable for becoming self-sufficient.

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

4. Describe how the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships, tangible next steps for continuing the project activities, and evaluation beyond the duration of the project.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's Review Criterion 4*

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. Describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Provide an organizational chart (requested in Section VI, Attachment 4).

4. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

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

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package

under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

- Senior/Key Personnel Name

- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:

    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 him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*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.

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.

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.

Use of Funds

Note: A minimum amount of **90 percent** of the total requested budget per year must be provided for trainee scholarships. **Scholarships:** For purposes of this NOFO, the scholarship amount for each trainee cannot exceed the total cost of the public health training program's tuition, fees, and other educational costs per year. HRSA expects that scholarship awards may vary; however, the maximum amount of scholarship per trainee is $45,000 per year for full time. The maximum amount of scholarship per trainee in a part-time training program is $22,500 per year.

If needed, organizations may also use part of the 10 percent administrative funding to augment the public health field experience (practicum) by developing a companion public health curriculum that addresses COVID-19, other public health emergencies, and public health inequities and health disparities.

Grant recipients are responsible for selecting scholarship recipients and providing scholarships that do not exceed the allowable costs.

Grant recipients will pay tuition and eligible fees directly to the institution providing the public health scholarship training, if the training is not provided by the grant recipient.

Trainees may receive a scholarship for more than one year depending on the duration of their public health scholarship training program. For example, a trainee who is in a

two-year master of public health degree program may receive a scholarship for both years of their training.

Scholarships cannot be used to pay salaries for trainees who are employed nor can they be used for release time for trainees to attend training.

NOTE: Ten percent or less of the total requested budget per year may be provided for administrative costs.

All applicants must provide a plan and budget reflective of the number of trainees that are projected to receive scholarship under this grant per year. The plan must include type of training.

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 HRSA's *SF-424 R&R Application Guide* for additional information. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. See Section 4.1.iv Budget – Salary Limitation of HRSA's *[SF-424 R&R Application Guide](#)* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

- 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, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. *Budget Justification Narrative*
- See Section 4.1.v of HRSA's *[SF-424 R&R Application Guide](#)*.

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

Scholarship Costs for Participant/Trainee: For applicants with participant/trainee support costs, list tuition (professional, graduate, and/or certificate programs in public health), health insurance, fees, and other related educational costs, and the number of participants/trainees. 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. Applicants must justify the proposed scholarship amount for the specific training program considering the tuition, fees and other educational costs of the program per year.

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 he/she will perform, the total number of days, travel costs, and the total estimated costs.

v.   *Standardized Work Plan (SWP) Form*

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to Section V's Review Criterion 2 (a).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. 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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Logic Model (Required)
    Provide a logic model that presents the conceptual framework for your project.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (Required) (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))
    Keep each job description to 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 time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: 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. 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.

Attachment 4: Project Organizational Chart (Required)
    Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 5: Trainee Table (Required)
   Provide a table with the projected number of trainees by type of public health training program, profession, discipline, and scholarship amount, to be enrolled and to complete the training program for each year of the project period.

Attachment 6: Maintenance of Effort (MOE) Documentation (Required)
   Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2021 (Actual) Actual FY 2021 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	**FY 2022 (Estimated)** Estimated current FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 7: Letters of Support (Required)
   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: Disparity Impact Statement (Required)
   Provide a Disparity Impact Statement using local data (e.g., the CDC Social SVI https://www.atsdr.cdc.gov/placeandhealth/svi/index.html]) to identify populations at highest risk for health disparities and low health literacy. The Disparity Impact Statement will provide the framework for ongoing monitoring and determining the impact of the Public Health Scholarship Program.
   Below are available HHS resources that will help you develop a Disparity Impact Statement.

   CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement
   SAMHSA.gov: Disparity Impact Statement

Attachment 9: Documentation of Eligibility (Required)
> You must provide a statement that the applicant organization is one of the eligible entities listed in the NOFO in *Section III.1*.

Attachment 10: Documentation of Accreditation (Required for Health Professions Schools and Programs Only)
> Health professions schools and programs must provide: (1) documentation that the applicant organization is accredited by the relevant accrediting organization; (2) the name of the accrediting body; (3) the date the applicant organization received accreditation; (4) the applicant organization's current accreditation status; and (5) when the applicant organization is due to renew its accreditation.

Attachment 11: Documentation of Public Health Field Experience (Practica) Sites (Required)
> Provide a table description of the public health field site(s), including the number of expected hours per week for each trainee.

Attachment 12: Request for Funding Preference (As Applicable)
> To receive a funding preference, include a statement that the applicant is applying for a funding preference and identify areas for the preference. Include documentation of this qualification as an attachment.

Attachment 13: Indirect Cost Rate Agreement (As Applicable)
> *If applicable, p*rovide an Indirect Cost Rate Agreement. 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. This document is not included in the page limit.

Attachment 14-15: Other Relevant Documents (As Applicable)
> Include here any other documents that are relevant to the application.

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

The UEI, a "new, non-proprietary identifier" assigned by the System for Award Management (SAM.gov), will replace the *Data Universal Numbering System (DUNS) number.

From now until April 3, 2022, if you are not already registered in SAM.gov and wish to do business with the Federal Government, you need to obtain and/or use a UEI (DUNS) to register your entity in SAM.gov. Continue to use your UEI (DUNS) for registration and reporting until April 3, 2022.

Effective April 4, 2022:

- You can register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.

- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless 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.gov 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (https://www.dnb.com/duns-number.html) *(through April 3, 2022)*

- SAM (https://sam.gov/content/home | [SAM.gov Knowledge Base](#))

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

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

In accordance with the federal government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *June 1, 2022 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Public Health Scholarship 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 may request funding up to $1,500,000 per award (fully-funded at the outset for the use over the period of performance, inclusive of direct **and** indirect costs).

Grant recipients cannot use funding to pay for salaries of employees in training.

Grant funds can only be used to pay the fees and tuition for the professional, graduate, and/or certificate programs in public health. Grant funds cannot be used to pay for continuing education units.

Stipends are not an allowable cost in this funding opportunity.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's *SF-SF-424 R&R Application Guide* for additional information.

You cannot use funds under this notice for international travel or construction.

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. 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 critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Five review criteria are used to review and rank the Public Health Scholarship 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 the extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality and extent to which the application:

1. Documents the need for training to increase the use of culturally and linguistically appropriate services, public health inequities and health disparities and the principles of SDOH in the program or curriculum.

2. Addresses the national, regional, and/or local public health workforce shortages to prevent, prepare for and respond to recovery activities related to COVID-19, and other public health emergencies.

3. Describes existing academic and/or community-based partners and opportunities for public health field experiences (practica) and post-graduation employment to fill the employment needs of the state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations.

4. Describes the type and content of public health training program in professional, graduate, degree, and/or certificate programs and the field experiences (practica) proposed that will prepare the public health workforce to fill the employment needs, in state and local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations.

5. Describes how quality and content of the Disparity Impact Statement (**Attachment 8)** identifies and addresses populations at highest risk for health disparities, low health literacy, SDOH, and infrastructure to receive necessary services in rural or underserved communities to document the need for the proposed project.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 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 –

The reviewers will assess the extent to which the application:

1. Describes the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance, which are specific and identified for each year of the project period and provide indication of persons responsible for each activity.

2. Describes the support and collaboration with key stakeholders, state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations in planning, designing and implementing all activities, including development of the application and the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

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.

4. Describes specific plans and strategies for trainees to receive scholarships.

5. Describes how the timeframes, deliverables, and key partners meets the need as described in the Purpose and Need section.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the extent to which the application:

1. Describes the overall objectives used in the SWP (specific, measureable, 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 the Disparity Impact Statement (**Attachment 8**) depicts the framework for the project, and the tools and strategies to address the core public health functions, the Ten Essential Public Health Services, and culturally- and linguistically-appropriate services.

3. Describes the tools and strategies for identifying training needs and employment opportunities for scholarship recipients to maintain or obtain employment in public health upon completion of their training.

4. Describes proposed public health field practice experiences (practica) for at least three months in duration or as required by the type, content, and level of the public health workforce training program as **Attachment 12** and methods to meet the program requirements.

5. Provides a trainee table with projected number of trainees by type of public health training program, profession, discipline, and scholarship amount to be enrolled and to complete the training program for each year of the project period as **Attachment 5.**

6. Describes the plan to track scholarship recipients including those hired by state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations.

7. Describes the plan for engaging with academic and community-based partners. Includes letters of support in **Attachment 7** and/or letters of agreement and/or memorandum of understanding in **Attachment 3** supporting this information.

8. Describes why the project is innovative a plan to disseminate reports, products, and/or project outputs so project information is provided to key audiences.

9. Provides a logic model, in **Attachment 1**, that conceptualizes, designs, manages and evaluates the project.

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

The reviewers will assess 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 the extent to which the application:

1. Describes the challenges and obstacles described in regard to 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.

2. Describes challenges in locating and providing public health field experiences (practica) in state or local governments, including state, local, territorial or tribal public health departments, and other public health-related organizations such as community-based organizations with a public health focus, and/or public health professional organizations for the trainees.

3. Describes challenges the applicant organization may encounter in achieving the program specific requirements including having trainees in place within six months of receipt of the Notice of Award.

4. Describes proposed solutions to resolve the challenges identified.

Criterion 3: IMPACT (25 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*](#)

The reviewers will assess the extent to which the proposed project will have a public health impact and the project will be effective, if funded. The extent to which the application effectively reports on the measurable outcomes being requested. 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. Supports collection of HRSA's performance measurement requirements for this program.

2. Documents that the project faculty/staff have the technical capacity to conduct the evaluation of the project.

3. Describes the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data.

4. Describes the plan for RCQI for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections.

5. Describes the feasibility and effectiveness of plans for dissemination of project results is described.

6. Describes how the project results may be national in scope, and how the project activities are replicable and sustainable beyond the federal funding.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability
The 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 public health field experiences (practica).

2. Provides a proposed timetable for becoming self-sufficient.

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

4. Describes how the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, and evaluation beyond the duration of the project.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information, Resources, and Capabilities

The 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, including health equity and diversity and structure, by including an organizational chart in **Attachment 4**, 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. (A project organizational chart is requested in Section IV.2.v./vi., **Attachment 4.**)

3. Discusses how the organization will follow the approved plan, as outlined in the application, properly accounts for the federal funds, and documents all costs so as to avoid audit findings.

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

5. Describes the organization's capacity to routinely assess and improve the unique needs of target populations of the communities served.

6. Succinctly describes the organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms

The reviewers will assess the extent to which the application:

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

2. Demonstrates that costs, including the scholarship amount, as outlined in the budget and required resources sections, are reasonable given the scope of work.

3. Demonstrates that a minimum amount of **90 percent** of the total requested budget per year is provided for trainee scholarships.

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 community 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Preferences

This program provides a funding preference for some applicants as authorized by Section 765(c) of the PHS Act (42 U.S.C. § 295(c)). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will review the data in order to determine the funding preference and will grant it to any qualified applicant that demonstrates they meet both of the criteria for the preference. The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review group.

Applicants can apply for the funding preference by indicating their request in the project abstract <u>and</u> provide supporting data as **Attachment 12** for the two following areas:

(1) Serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities))

and

(2) Graduating large proportions of individuals who serve in underserved communities.

1) Serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities)

An applicant can meet qualification 1 by demonstrating to HRSA that they are training individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities) to join the public health workforce. The purpose of the PSHP is to strengthen the public health workforce, and implementing the preference in this way will further the program purpose and serve the individuals being trained under this program who might not otherwise have an opportunity to pursue public health workforce training. Applicants may qualify for the qualification 1 if they can show that they are training individuals that that meet one of the following three categories as explained below.

(1) Economically Disadvantaged
(2) Educationally/Environmentally Disadvantaged
(3) Underrepresented Racial and Ethnic Minorities

Disadvantaged Background is defined as someone who comes from an educationally/environmentally **or** economically disadvantaged background.

Economically disadvantaged means an individual comes from a family with an annual income that falls within the HHS Poverty Guidelines; a household may be only one person.

Educationally/Environmentally Disadvantaged means an individual who comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession.

Examples of an educationally/environmentally disadvantaged background include:
- The trainee is the first generation in his or her family to attend college.
- The trainee was in the foster care system as a child or adolescent, as defined by the Administration for Children and Families
- The was or is currently homeless, as defined by the McKinney-Vento Homeless Assistance Act

Underrepresented Racial and Ethnic Minorities mean an individual racial or ethnic group considered inadequately represented in a specific profession relative to the representation of that racial or ethnic group in the general population. These populations include:
- American Indian or Alaska Native
- Black or African American

- Native Hawaiian or Other Pacific Islander
- Hispanic (all races)

Total Number Trainees Academic Year 2020-2021 (Do not put names of trainees.)	Number of Educationally/Environmentally Disadvantaged Trainees	Number of Economically Disadvantaged Trainees	Number of Underrepresented Racial and Ethnic Minority Trainees

To qualify for the Economically Disadvantaged background preference, an applicant must demonstrate that 20 percent or more of their trainees in public health program(s) for which they are applying during AY 2020-2021 meet the 2021 HHS Poverty Guidelines.

$$\frac{\text{Number of Economically Disadvantaged Trainees in AY 20-21}}{\text{Total Number of Trainees in AY 20-21}} \times 100$$

To qualify for the Educationally/Environmentally disadvantaged background preference, applicants must provide data that 20 percent of their trainees in the public health program(s) for which they are applying during Academic Year (AY) 2020-2021 are from a disadvantaged background.

$$\frac{\text{Number of Educationally/Environmentally Disadvantaged Trainees in AY 20-21}}{\text{Total Number of Trainees in AY 20-21}} \times 100$$

2021 HHS Poverty Guidelines			
Size of parents' family/household	Income Level		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	$12,880	$16,090	$14,820
2	17,420	21,770	20,040
3	21,960	27,450	25,260

4	26,500	33,130	30,480
5	31,040	38,810	35,700
6	35,580	44,490	40,920
7	40,120	50,170	46,140
8	44,660	55,850	51,360
For each additional person, add	$4,540	$5,680	$5,220

SOURCE: Federal Register, Vol. 86, No. 19, February 1, 2021, pp. 7732-7734. https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines

To qualify for the Underrepresented Racial and Ethnic Minorities preference, applicants must provide data that 20 percent of their trainees in the public health program(s) for which they are applying during Academic Year (AY) 2020-2021 are an underrepresented racial and ethnic minority.

$$\frac{\text{Number of Underrepresented Racial and Ethnic Minorities Trainees in AY 20-21}}{\text{Total Number of Trainees in AY 20-21}} \times 100$$

2) Graduating large proportions of individuals who serve in underserved communities

To qualify for qualification 2, the preference for graduating large portions of individuals who serve in underserved communities from the public health program for which they are applying, applicants must provide data that 20 percent of their graduates in the public health program(s) for which they are applying during AY 2020-2021 must be in a practice setting located in medically underserved area (MUA) as defined by HPSA MUA Find (Find Shortage Areas by Address) at https://data.hrsa.gov/tools/shortage-area/by-address

$$\frac{\text{Number of Graduates in AY 20-21 Employed in MUAs}}{\text{Total Number of Graduates in AY 20-21}} \times 100$$

Graduates Academic Year 2020-2021 (Do not put names of graduates.)	Address of practice setting (include city, state and zip code)	Is the Practice Setting in a MUA as indicated by https://data.hrsa.gov/tools/shortage-area/by-address ? (Yes or No)
1		
2		

NOTE: Applicants must meet both criteria: (1) serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities); **and** (2) graduating large proportions of individuals who serve in underserved communities in order to qualify for the funding preference.

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.

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, 2022. 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 a 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](#).

- 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 Freedom](#).

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, 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 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 the 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 SWP.

More information will be available in the NoA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the 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.

   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:

  o Project overview.

  o Project impact.

  o Prospects for continuing the project and/or replicating this project elsewhere.

  o Publications produced through this grant activity.

  o 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. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Shelia Burks
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6452
Email: SBurks@hrsa.gov

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

Anne Patterson
Project Officer, Medical Training and Geriatrics Branch, Division of Medicine and Dentistry
Attn: Public Health Scholarship Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N168B
Rockville, MD 20857
Telephone: (301) 443-6822
E-mail: apatterson@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's 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
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other 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 at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application
See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. This information can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.