

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

***Primary Care Training and Enhancement - Physician Assistant Rural Training
(PCTE-PAR) Program***

Funding Opportunity Number: HRSA-22-044

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.884

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: December 9, 2021

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

Issuance Date: September 9, 2021

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See Section VII for a complete list of agency contacts.

Authority: Title VII, Section 747(a)(1)(F) of the Public Health Service (PHS) Act (42 U.S.C. § 293k(a)(1)(F))

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 Primary Care Training and Enhancement - Physician Assistant Rural Training (PCTE-PAR) Program. The purpose of this program is to develop and implement longitudinal clinical rotations in primary care in rural areas. The program also supports the training and development of preceptors in rural areas. The PCTE-PAR Program is a component of the Primary Care Training and Enhancement (PCTE) Program, which functions to strengthen the primary care workforce by supporting enhanced training for future and current primary care clinicians and educators and to promote primary care practice.

| | |
|---|--|
| Funding Opportunity Title: | Primary Care Training and Enhancement - Physician Assistant Rural Training (PCTE-PAR) Program |
| Funding Opportunity Number: | HRSA-22-044 |
| Due Date for Applications: | December 9, 2021 |
| Anticipated Total Annual Available FY 2022 Funding: | \$2,100,000 |
| Estimated Number and Type of Award(s): | Approximately 7 grants |
| Estimated Annual Award Amount: | Up to \$300,000 per award |
| Cost Sharing/Match Required: | No |
| Period of Performance: | July 1, 2022 through June 30, 2027 (5 years) |
| Eligible Applicants: | Eligible entities are academically-affiliated physician assistant training programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). 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(s) for applicants seeking funding through this opportunity. The webinar(s) 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 Primary Care Training and Enhancement - Physician Assistant Rural Training (PCTE-PAR) Program.

Program Purpose

The purpose of this program is to develop and implement longitudinal clinical rotations for physician assistant students in primary care in rural areas. The program will also support the training and development of preceptors in rural areas. This experience will provide Physician Assistant (PA) students the opportunity for longitudinal primary care clinical training experiences for a minimum of 8 weeks in rural areas. The program aims to meet the health workforce goal of increasing the distribution of primary care practitioners who are ready to practice in and lead the transformation of health care systems aimed at improving access, quality of care, and cost effectiveness in rural areas.

Program Goal

The goal of the PCTE-PAR Program is to increase the number of primary care PAs who choose to practice in rural areas after graduation.

Program Objectives

1. Provide PA students with longitudinal clinical training experiences for a minimum of 8 weeks in primary care in rural areas.
2. Educate and train primary care PAs to identify and address health inequities, health disparities, and social determinants of health in the communities they serve.
3. Develop and strengthen partnerships between academia, primary care delivery sites and systems, [State Offices of Rural Health](#), the [National Rural Health Association](#) and community based organizations to implement interprofessional rural clinical training experiences for primary care PA students.
4. Increase the number of preceptors to train PA students in rural primary care settings.

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

HHS and HRSA Priorities

You are encouraged to select and address one of HHS's and HRSA's clinical priorities below.

- Ending the crisis of opioid addiction and overdose in America
- Improving mental health access and care

- Transforming the health care system through value-based care delivery and quality improvement initiatives
- Transforming the workforce –by targeting the need
- Strengthening health care access through telehealth

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. Applicants 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.

2. Background

This program is authorized by 42 U.S.C. § 293k(a)(1)(F) Section 747(a)(1)(F) of the Public Health Service (PHS) Act. The HRSA PCTE-PAR program aims to increase the number of PAs practicing primary care in rural settings upon graduation.

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

Many rural communities lack access to quality health care and opioid treatment disorder programs which affect their population’s overall physical and mental health. The need for core health services (e.g., primary care, medical and hospital services, long-term care, oral health care, and public health services) in rural areas is enormous.¹ According to CDC, more than 46 million Americans, or 15 percent of the United States live in rural areas. Moreover, rural Americans are at a greater risk of death from heart disease, cancer, unintentional injuries (such as opioid overdoses and motor vehicle accidents), chronic lower respiratory disease and stroke than the urban population. In addition, the growing opioid epidemic has plagued the United States for decades, especially in rural communities. According to the National Vital Statistics System Mortality data, the rate of drug overdose deaths (involving drugs such as oxycodone, hydrocodone, codeine, fentanyl, and methamphetamine) increased from 4.0 to 19.6 for every 100,000 people in rural counties from 1999-2019.² These overdose deaths have increased by 27 percent during the COVID-19 pandemic.³

¹ Daniels, Z.M., VanLeit, B.J., Skipper, B.J., Sanders, M.L. and Rhyne, R.L. (2007), *Factors in Recruiting and Retaining Health Professionals for Rural Practice*. The Journal of Rural Health, 23: 62-71.

² Hedegaard H, Spencer MR (2021). Urban–rural differences in drug overdose death rates, 1999–2019. NCHS Data Brief, no 403. Hyattsville, MD: National Center for Health Statistics.

³ Centers for Disease Control and Prevention. *Overdose Deaths Accelerating During COVID-19*. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>. Accessed 01 SEP 2021.

These conditions, along with little to no health insurance, higher rates of cigarette smoking, obesity, sedentary lifestyles and inadequate nutrition, all lead to poor health outcomes in the rural communities.⁴ The current primary care workforce is not adequate to meet the health needs of the nation, particularly in rural or underserved areas.

PAs are needed to respond to the current primary care physician shortage and to help mitigate maldistribution of primary care providers. It is estimated that by 2033 there will be a shortage of physicians between 21,400 and 55,200.⁵ Currently, 25 percent of PAs practice in primary care, a decrease in the last five years (28.3 percent were reported in 2015). Moreover, the number of rural PAs has also decreased over the last three decades.⁶ Fortunately, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), Inc. expects that the number of PA educational programs will grow from 250 today to 304 by 2023, thus increasing the certified PA workforce.⁷ This is consistent with the National Center for Health Workforce Analysis Report stating the national demand for primary care PAs is projected to grow by 5,670 Full-Time-Equivalent (FTEs) - from 33,390 FTEs in 2013 to 39,060 FTEs in 2025- a 17 percent increase.⁸

PA students early in their educational process will discover many facets of medicine as their training progresses. According to a survey by Larson, et. al., PA programs reported that rural training is “very important” to their program goals, yet only half of these programs required any rural clinical training.⁹ These programs must encourage and support student interest in primary care and rural areas.^{10,11} Last year, the Physician Assistant Education Association (PAEA) developed a medication-assisted treatment (MAT) Training Initiative to providing resources to focus on assisting PA programs incorporating MAT waiver training into their curricula.¹² In addition to PAEA’s initiative, The Department of Health and Human Services new buprenorphine practice guidelines in April 2021 exempted PAs from the federal training requirements for providers treating up to 30 patients with opioid use disorder (OUD).¹³ This will ensure PAs have more access to treat OUD patients. Providing specialized curriculum and clinical rotations geared towards rural health will give students the knowledge and experience to work with this vulnerable population.

⁴ Centers for Disease Control and Prevention. *About Rural Health*. <https://www.cdc.gov/ruralhealth/about.html>. Accessed 28 April 2021.

⁵ *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*. <https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf>. Accessed 20 APR 2021.

⁶ Larson E, Coulthard C, Andrilla C. *What makes physician assistant (PA) training programs successful at training rural PAs?* WWHAMI Rural Health Research Center Policy Brief #164, 2018.

⁷ National Commission on Certification of Physician Assistants, Inc. (2020, April). *2019 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants*. Retrieved Date, from <http://www.nccpa.net/research>

⁸ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. *National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025*. Rockville, Maryland.

⁹ Larson E, Coulthard C, Andrilla C. *What makes physician assistant (PA) training programs successful at training rural PAs?* WWHAMI Rural Health Research Center Policy Brief #164, 2018.

¹⁰ Larson, F. (2019). *Characteristics of Physician Assistant Students Planning to Work in Primary Care: A National Study*. *The Journal of Physician Assistant Education*, 30(4), 200–206.

¹¹ Feldman, M. (2018). *Early Exposure to Underserved Patients and Its Impact on Initial Employment Decisions Regarding Physician Assistants*. *The Journal of Physician Assistant Education*, 29(3), 144–149.

¹² Physician Assistant Education Association (2020). *Medication Assisted Treatment Waiver Training Initiative*. <https://paeaonline.org/resources/public-resources/mat-waiver-training-initiative>. Accessed 01 SEP 2021.

¹³ American Academy of Physician Assistants (2021). *New Guidelines for Buprenorphine Treatment Provide Exemption to Burdensome Training Requirements*. <https://www.aapa.org/news-central/2021/04/new-guidelines-for-buprenorphine-treatment-provide-exemption-to-burdensome-training-requirements/>

Rural communities have difficulty creating, recruiting, and sustaining an adequate health care workforce.¹⁴ Studies have shown that students who had a rural background, completed a rural training rotation and expressed interest to work and practice in a smaller community or their hometown are more likely to practice in a rural primary care setting upon graduation.^{15,16} Incentives that are effective for rural recruitment are stipends and scholarships for students who are committed to practice in rural areas after graduation. Effective clinical site and preceptor recruitment and retention are essential to the core functioning of every PA program and the long-term health of the PA profession.¹⁷ Therefore it is important to provide funding to preceptors who train these students in their clinic/hospital to pay for the period of supervised clinical training.¹⁸ Ultimately, successful recruitment and retention efforts must include obtaining students interested in rural health during the admission process, developing specific didactic training, coordinating clinical rotations in rural primary care and providing economic incentives for students and preceptors.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Glossary](#). In addition, the following definitions apply to the PCTE-PAR Program for Fiscal Year 2022:

Health Equity is [t]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.¹⁹

Longitudinal clinical rotation means a long term clinical rotation (at least 8 weeks) with a clinical partner, focusing on the care of rural or tribal communities.

National Provider Identifier (NPI) is the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. Additional information about NPIs can be found at the following site: <https://nppes.cms.hhs.gov/#/>.

¹⁴ Daniels, Z.M., VanLeit, B.J., Skipper, B.J., Sanders, M.L. and Rhyne, R.L. (2007), *Factors in Recruiting and Retaining Health Professionals for Rural Practice*. The Journal of Rural Health, 23: 62-71.

¹⁵ Larson, F. (2019). *Characteristics of Physician Assistant Students Planning to Work in Primary Care: A National Study*. The Journal of Physician Assistant Education, 30(4), 200–206.

¹⁶ Daniels, Z.M., VanLeit, B.J., Skipper, B.J., Sanders, M.L. and Rhyne, R.L. (2007), *Factors in Recruiting and Retaining Health Professionals for Rural Practice*. The Journal of Rural Health, 23: 62-71.

¹⁷ Physician Assistant Education Association: Issue Brief. 2020. *Payment of Clinical Sites and Preceptors in PA Education*. <https://paeaonline.org/wp-content/uploads/2020/10/PaymentClinicalSites-PreceptorsPAEducation.pdf>. Accessed 20 APR 2021.

¹⁸ Physician Assistant Education Association: Issue Brief. 2020. *Payment of Clinical Sites and Preceptors in PA Education*. <https://paeaonline.org/wp-content/uploads/2020/10/PaymentClinicalSites-PreceptorsPAEducation.pdf>. Accessed 20 APR 2021.

¹⁹ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

Primary care, for the purpose of this NOFO, includes family medicine, general internal medicine internal, general pediatrics, and combined general internal medicine with general pediatrics.

Rural clinical site is defined as a clinical rotation site located in an area considered rural by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer <https://data.hrsa.gov/tools/rural-health>. (See the [Health Workforce Glossary](#) for the full definition for “Rural”).

Stipend is defined as subsistence allowance for students (trainees) to help defray living expenses during the time of their rural primary care rotation training experience, and are not provided as a condition of employment. The stipend does not include tuition, fees, health insurance, or other Participant/Trainee Support costs associated with the training program.

Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Telehealth can be an important tool for delivering services and resources to HRSA’s target populations. HRSA strongly encourages Bureaus and Offices to include telehealth as a mechanism to meet programmatic goals in the NOFO, as relevant. Additional resources to assist Bureaus and Offices, and applicants, in determining how to include telehealth in HRSA-funded programs may be found at <https://telehealth.hhs.gov/>.

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 \$2,100,000 to be available annually to fund approximately seven recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the PCTE-PAR Program, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application, or take other enforcement action as appropriate.

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

Limitations on indirect cost rates.

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

III. Eligibility Information

1. Eligible Applicants

Eligible entities are academically-affiliated physician assistant training programs accredited by the ARC-PA.

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

- Fails to include all required documents, including appropriate tables, as part of the application
- Fails to satisfy the accreditation requirements

Accreditation

The applicant must submit accreditation documentation for the PA program in **Attachment 9**. The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, (2) the dates of initial accreditation and next expected 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

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(b) (PHS Act section 797(b)). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as **Attachment 6**. HRSA will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications

Multiple applications from an organization are not allowable. An “organization” for this NOFO is defined by having a valid Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI).

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.

Beneficiary Eligibility

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

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](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-044 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 [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 [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 **75 pages** when printed by HRSA. The page limit includes the 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.

Please 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 do not count in the page limit. Biographical sketches **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-22-044, 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 75 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-22-044 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation shall be included in **Attachment 10: 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 the Department of Health and Human Services (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 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 (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

Program-Specific Instructions

Program Requirements

Programs must:

1. Provide students with a minimum of 8 weeks of longitudinal clinical rotations in primary care at a rural clinical site. The clinical site must be located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer. <https://data.hrsa.gov/tools/rural-health>.

2. Develop and provide curriculum content and clinical and didactic experiences on health inequities, health disparities, social determinants of health, and the unique characteristics and challenges in primary care in rural communities.
3. Provide a stipend to students while they are in clinical rotation(s) at a rural site. Students must be matriculated and currently in your program to receive this stipend.
4. Ensure PA students apply for a NPI number and collect the NPI numbers from students who participate in the program.
5. Provide clinical and didactic training experiences for PA students, faculty and preceptors in the use of telehealth/telemedicine technologies, factors affecting rural health, and cultural competencies to improve access to health services and improved quality of care.
6. Provide continuing education and training for development of PA preceptors in rural areas.
7. Incorporate interprofessional learning experiences for physician assistants, both in the didactic content and in clinical rotation, including collaboration with physicians, advanced practice providers (e.g. nurse practitioners and PAs), allied health professionals, nurses, and other health care workers.
8. Develop a tracking system that collects data on the performance metrics of the program, to include, but not limited to, the following measures:
 - Number and types of partnerships developed to strengthen clinical training in rural areas.
 - Number of clinical training site that offer interprofessional training.
 - Number of interprofessional trainees by profession and discipline.
 - Number of preceptors trained.

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 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see below and 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, stating how the program will incorporate the minimum of 8 weeks of rural primary care rotations into the existing PA training program.
2. The total number of PA trainees per class.

3. The number of PA trainees to complete the longitudinal clinical rural rotation(s) per year.
4. Specific, measurable objectives that the project will accomplish.
5. Which of the clinical priorities will be addressed by the project, if applicable.
6. 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.
7. If applicable, provide a statement requesting priority and/or preference.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

| <u>Narrative Section</u> | <u>Review Criteria</u> | <u>Review Criterion Points</u> |
|---|--|---------------------------------|
| Purpose and Need | (1) Purpose and Need | 15 |
| 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 | 35 (a) 15 (b) 15 (c) 5 |
| Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability | (3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability | 20 (a) 10 (b) 10 |
| Organizational Information, Resources, and Capabilities | (4) Organizational Information, Resources and Capabilities | 20 |
| Budget and Budget Justification Narrative | (5) Support Requested | 10 |
| | | 100 |

ii. *Project Narrative*

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

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

- *PURPOSE AND NEED* -- [Corresponds to Section V's Review Criterion #1](#)

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

Describe the purpose and need for the proposed project, including the following:

1. Describe data on the shortages of primary care providers in rural areas, demographics, social determinants of health, health disparities, and health care needs of the population and communities the PA students will serve.
2. Describe the need for providers, preceptors, and faculty with the skills to address training and education of PAs in primary care in rural areas and any training gaps.
3. Describe in particular how you will increase the number of primary care PAs, as members of interdisciplinary teams, providing community based services in rural areas.
4. Identify rural clinical training site(s) where the PA students will train and include information depicted in the Table 1 example as **Attachment 5**.
5. Describe the needs of the rural clinical training sites you will enhance through this project and benefit to the community.
6. Describe how your proposed project is expected to improve health care for the rural populations described.
7. Identify gaps in telehealth capacity in the clinical training sites and its use in educational programs where the students will train.
8. Discuss existing academic and community programs and community linkages including academia, primary care delivery sites and systems, State Offices of Rural Health, the National Rural Health Association and other community-based organizations for the development of rural clinical training sites for primary care PA students.

- *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 identified in the Methodology section.
 2. Describe the timeframes, deliverables, and primary care and other key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
 3. Describe the cultural, racial, linguistic, and geographic diversity of the rural populations served.
 4. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
 5. 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.
 6. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- *(b) METHODOLOGY/APPROACH* -- [Corresponds to Section V's Review Criterion #2 \(b\).](#)
Describe how you will prepare PA students to practice primary care in rural areas. Also describe your objectives, proposed activities, and strategies, and provide evidence for (1) how your program provides health care services, including telehealth, in settings that provide interdisciplinary, team-based care in rural areas, (2) align with and drive the work plan, (3) incorporate each of the program goals and objectives and expectations of the NOFO; and (4) address the needs in the [Purpose and Need section.](#)

1. Describe how you will implement a minimum of 8 weeks longitudinal rotation in rural primary care as defined in this NOFO.
2. Describe your goals, objectives, and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Objectives must be specific, measurable, achievable, relevant and timely.
3. Describe how you plan to develop effective tools and strategies for rural faculty and preceptor training and development, outreach, collaborations, and clear lines of communication.
4. Describe how you plan to engage the community and clinical training sites in making decisions on the program and how you plan to identify the community's priority needs and solutions for increasing the number of PAs who chose to practice in rural areas following graduation.
5. Describe a plan to disseminate reports, products, and/or project outputs so project information is provided to key audiences.
6. Provide a rural clinical training site table with the projected number of students to be trained in primary care in rural areas for each year of the project.
7. Provide a one page logic model appropriate for designing and managing the project that includes objectives, activities, and short, intermediate and long term outcomes as **Attachment 1**
8. Document the procedure for ensuring the data collection, management, storage, and reporting of NPI numbers of participants in the program.
9. Describe your process to track trainees after graduation for up to one year.
10. Describe the strength of the goals, objectives, and activities to enhance training in rural area and the extent to which the project is likely to have the greatest impact on rural health outcomes in the rural clinical learning sites and in the choice of graduates to practice in rural areas.
11. Describe a tracking system to collect data on the performance metrics of the program to include, but not limited to, the following measures:
 - Demographic information of students including race, gender, age and ethnicity.
 - Number of program participants and completers.
 - Number of clinical hours for each student in rural, primary care settings and Medically Underserved Communities (MUCs) completed during longitudinal clinical rotations.
 - Number of graduates who practice in primary care, rural, and MUCs.
 - Number of courses and trainings on cultural competency/health disparities, health equity/social determinants of health, and telemedicine/telehealth.

- Number of students who received training in the unique characteristics and challenges in rural communities.
- Number and types of partnerships developed to strengthen clinical training in rural areas.
- Number of clinical training site that offer interprofessional training.
- Number of interprofessional trainees by profession and discipline.
- Number of preceptors trained.

Logic Model

Submit a logic model (**Attachment 1**) 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 to achieve the relevant outcomes. 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., objectives, 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 or deliverables 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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. 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. Include attention to the following as applicable:

1. Describe the challenges related to the achievement of project objectives, the work plan according to the proposed timetable, and the logic model and the approaches that you will use to resolve such challenges.

2. Describe challenges in recruiting PA students and preceptors in the longitudinal clinical rotation(s) and the approaches that you will use to resolve such challenges.
 3. Identify challenges in locating rural clinical training sites for the longitudinal clinical rotation(s) in primary care and the approaches that you will use to resolve such challenges.
- *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 your plan for program performance evaluation. A comprehensive evaluation will yield outcome data that both you and HRSA can use throughout the project to ensure the success of the project.

1. Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. 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. In the Attachments section [\(IV. 2. vi., Attachment 2\)](#), attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form.
2. Demonstrate evidence that the evaluative measures selected will be able 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.
3. Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.
4. Describe the data collection strategy 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 service delivery in a way that allows for accurate and timely reporting of performance outcomes.
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.

6. Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI.
7. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program. (Note: Trainees who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting post-graduation employment demographics).
8. Include a 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. Additional information on RCQI is available at the following website:
https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf

▪ (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. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. The applicant must provide a clear plan for project sustainability after the period of federal funding ends. Include the following information:

1. Describe specific actions you will take to explore future sources of potential funding for continuing the increased enrollment of PAs who are interested in practicing in rural areas following graduation.
2. Describe challenges that are likely to be encountered to sustain the program and proposed approaches that will be used to resolve these challenges.
3. Describe how the sustainability 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 period of performance.

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

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

organization's current mission and structure, scope of current activities, leadership and personnel, quality and availability of facilities, and an organizational chart. Describe how all of these contribute to the ability of the organization to conduct the PCTE-PAR [program goals and objectives](#) and meet program expectations.

1. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe 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.vi., **Attachment 4**).
2. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.
3. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.
4. The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). 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." 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. The Project Director should be qualified by training and experience in training PAs.
5. Description of the institutional resources and the partner resources regarding telemedicine and telehealth.
6. Documentation that the applicant organization has developed linkages for PA students in rural areas as defined by this NOFO. Include Documentation of Clinical Sites as **Attachment 5**.
7. If funds are provided for some activities through sub awards or expended on contracts, describe how the sponsoring institution will ensure that the funds are properly used and monitored, if applicable.
8. Evidence that the project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments.

9. Capacity of the faculty and preceptors, community partners, and clinical training sites to provide didactic and clinical training experiences in rural areas.
10. Evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachments 3 and 8**.

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) 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.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, Title II, H, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 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 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.

Student Stipend

Stipends are provided only for the time that the student is training in a primary care rural rotation(s) in the amount of \$2,153 per month. This amount will be prorated for the student's rural rotation if they train for more or less than one month. **PA students may receive the stipends for multiple rotations in rural primary care settings. Stipends are only for PA students in the applicant organization's training program.**

The stipend amounts that can be charged to the award are fixed. Award recipients may not provide stipends lower than the amounts specified above; however, award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources.

Fringe Benefits for Trainees

Unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits are not allowed for this grant. Health insurance is an allowable cost.

Preceptors

For applicants with preceptor support costs, include these costs in “Other” under Participant Support Costs on SF-424 R&R Budget form.

Project Director

HRSA only recognizes one Project Director. The Project Director should be employed by the applicant organization and dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities. Co-project Directors are not an allowable cost.

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), proposed for this project. Please note: all budget justification narratives count against the page limit.

See Section 4.1.v. of HRSA’s SF-424 R&R Application Guide. In addition, the PCTE-PAR requires the following:

PA Participant/Trainee Support Costs: Stipends are required for this program. Stipends are only allowable for the PA student(s) during the time of their rural primary care rotations as indicated in this NOFO. Stipends may be used only for defraying the cost of living expenses during the period of rural primary care rotation training. Other Participant/Trainee Support Costs (such as tuition, travel, and conference fees) are not allowable. Ensure that your budget breakdown includes the summation of stipends and the projected number of trainees for each budget period.

Preceptor Participant/Trainee Support Costs: For applicants with preceptor Participant/Trainee support costs, list training/fees, travel, other, and the number of preceptors. Ensure that your budget breakdown separates these preceptor costs, and includes a separate sub-total entitled “Total Preceptor Support Costs” which includes the summation of all preceptor costs. Preceptor Participant/Trainee Support Costs are only allowable for preceptors (who are not employees) who train PAs at rural clinical sites.

Please note: Salary or other fringe benefits for preceptors who are employees and train PAs at rural clinical sites are allowable under this NOFO. List in SF-424 R&R Budget Form Section A or B, Personnel.

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.

Evaluation Costs: You may request funding to support annual reporting requirements (i.e., software, personnel time, etc.), and to conduct the required program evaluation as outlined in Section IV.

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 limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Logic Model (Required)

Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please 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: Documentation of Rural Primary Care Clinical Training Sites (Required)

Provide a table description of the experiential training site(s), including the name of the practice site, number of students for each year of the grant, and number of hours per week for each rotation that each student will be able to participate. A sample is provided below.

| Clinical Training Site Name | Clinical Training Site Address (EXAMPLE : XX Main Street, Town, State, Extended Zipcode) | Number of students who will be involved in grant activities | Grant Year 1,2,3,4,5 | Interprofessional team- based care setting (Yes/No) | Number of trainee hours and weeks at training site | Clinical Training site offers MATand OUD prevention and treatment services (Yes/No) | Clinical training site offers telehealth services (Yes/No) | Clinical/ Practice training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer (Yes/No) |
|-----------------------------|--|---|----------------------|---|--|---|--|---|
| | | | | | | | | |
| | | | | | | | | |

Attachment 6: Maintenance of Effort Documentation (Required)

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 21 (Actual) | FY 22 (Estimated) |
| Actual FY 21 non-federal funds, including in-kind, expended for activities proposed in this application. | Estimated FY 22 non-federal funds, including in-kind, designated for activities proposed in this application. |
| Amount: \$ _____ | Amount: \$ _____ |

Attachment 7: Request for Funding Preference (As Applicable)

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify qualification for the preference. Include documentation of this qualification. See [Section V.2](#)

Attachment 8: Letters of Support (As Applicable)

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

Attachment 9: Documentation of ARC-PA Accreditation (Required)

You must provide (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation (ARC-PA); (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.

Attachment 10: Indirect Cost Rate Documents (As Applicable)

Include document(s) that is/are relevant to negotiate indirect costs under training awards to organizations other than state or local 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. Not counted in the page limit.

Attachment 11: Other Relevant Documents (As Applicable)

Include here any other document that is relevant to the application including additional letters of support.

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

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

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), 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 DUNS (or UEI) and 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>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. 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 the 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 *December 9, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

PCTE-PAR Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of 5 years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal years, as required by law.

Participant/Trainee Support Costs for PA trainees, other than stipends, such as tuition, travel, and conference fees) are not allowable.

Funds must not be used for construction or patient services. 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 those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The PCTE-PAR Program has five review criteria. See the review criteria outlined below with specific detail and 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 following:

1. Purpose and need for the project is clearly described and benefits the communities served.
2. Geographical area and communities that will be served by the PA students in the proposal and any needs of the rural clinical learning sites.
3. Data on primary care shortages, demographics, social determinants of health and health disparities for the population served.
4. Gaps in the primary care PA training particularly with regard to rural communities.
5. Gaps in the telehealth and telemedicine capacity including equipment, technical support, its use in education, and providing services to rural populations.

6. How the proposed project will increase the number of primary care PAs as members of interdisciplinary teams, providing community based services in rural area, including at community health centers.
7. Need for primary care PA preceptors in rural areas, and faculty with the knowledge and skills to address the training needs of PAs supported by PCTE-PAR Program, as described in this NOFO in the sites where the PAs will train.
8. How the proposed project is expected to improve health care for the rural populations described in proposal.
9. Existing academic and community programs and community linkages including academia, primary care delivery sites and systems, State Offices of Rural Health, the National Rural Health Association and other community-based organizations for the development and implementation of interprofessional rural clinical training sites for primary care PA students.

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.

Reviewers will consider the extent to which the application demonstrates the following:

1. Clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.
2. Timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
3. Work plan and targets fit into the overall timeline of the period of performance.
4. Stakeholders that can address the populations and communities served are meaningfully engaged in the planning, design, and implementation of the project activities.
5. How the funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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 demonstrates the following:

Response to the requirements and expectations of the program and proposal addresses the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project purpose and stated needs. Objectives are specific, measureable, achievable, relevant and timely.

These must include:

1. How you will comply with the requirement of a minimum of 8 weeks longitudinal rotation in rural primary care as defined in this NOFO.
2. How you will develop effective tools and strategies for faculty development, preceptor training, outreach, collaborations, and clear lines of communication.
3. Submission of the Rural Clinical Training Site Table with projected number of students to be trained in primary care practice in rural areas for each year of the project.
4. Plan for engaging the community and clinical training sites in making decisions on the program and identifying their priority needs and solutions for increasing the number of PAs who chose to practice in rural areas following graduation.
5. Plan to disseminate reports, products, and/or project outputs so project information is provided to key audiences.
6. Procedure for ensuring the data collection, management, storage, and reporting of NPI numbers of the participants in the program.
7. Process to track trainees after graduation for up to one year.
8. Goals of the project, inputs, activities, outputs, and outcomes (provided in the logic model) are logical, feasible within the timeframe and scope of the proposed project, and address the purpose of this program.
9. Evidence of a process for collecting data for a tracking system for the performance metrics of the program to include, but not limited to, the following measures:
 - Demographic information of students including race, gender, age and ethnicity.
 - Number of program participants and completers.
 - Number of clinical hours for each student in rural primary care settings, rural areas, and MUCs completed during longitudinal clinical rotations.
 - Number of graduates who practice in primary care, rural, and MUCs.
 - Number of courses and trainings on cultural competency/health disparities, health equity/social determinants of health, and telemedicine/telehealth.
 - Number of students who received training in the unique characteristics and challenges in rural communities.
 - Number and types of partnerships developed to strengthen clinical training in rural areas.
 - Number of clinical training site that offer interprofessional training.

- Number of interprofessional trainees by profession and discipline.
- Number of preceptors trained.

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

Reviewers will consider the extent to which the application demonstrates the following:

1. 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.
2. Challenges in recruiting PA students and preceptors in the longitudinal clinical rotation(s) and approaches that will be used to resolve such challenges.
3. Challenges in locating rural training sites for the longitudinal clinical rotation(s) in primary care and the approaches that will be used to resolve such challenges.

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the extent to which the application demonstrates the following:

1. How the evaluative measures and the evaluation plan will effectively assess whether project objectives have been met and identify quality improvement strategies, as well as your ability to effectively report on measurable outcomes.
2. How the evaluative measures will be able to assess: 1) to what extent the project and program objectives have been met, and 2) to what extent these can be attributed to the project.
3. How the application describes the data collection strategy 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 service delivery in a way that allows for accurate and timely reporting of performance outcomes.
4. Description of 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.

5. Strength of your plan to collect and report on HRSA's required performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data.
6. Use of continuous quality improvement to monitor program objectives and activities to improve program outputs and outcomes.
7. Procedure and process for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program for up to 1 year after the end of the project period.
8. 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.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

Reviewers will consider the extent to which the application demonstrates the following:

1. Plan for project sustainability after the period of federal funding ends, including specific actions you will take to explore future sources of potential funding for continuing the increased enrollment of PAs who are interested in practicing in rural areas following graduation.
2. Challenges likely to be encountered in sustaining the program, and logical approaches to resolving such challenges.
3. Plan to address 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 period of performance.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Resources, and Capabilities

Reviewers will consider the extent to which the application describes the following:

1. The capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
2. Information on the organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe 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., **Attachment 4.**)

3. How the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.
4. The unique needs of target populations of the communities served are routinely assessed and improved.
5. A staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel)**.
6. The institutional resources and the partner resources regarding telemedicine and telehealth.
7. How the PA program will develop linkages for PA students in rural areas as defined by this NOFO and provides the clinical training sites information in the Documentation of Clinical Training Sites table as **Attachment 5**.
8. Describes how the sponsoring institution will ensure the funds are properly used for activities through sub awards or contracts if applicable.
9. The project personnel are qualified by training and/or experience to implement and carry out the project-and the Project Director is qualified by training and experience in training PAs. These will be evaluated both through the project narrative, as well as through the attachments.
10. Describes the capacity of the faculty and preceptors, community partners, and clinical training sites to provide didactic and clinical training experiences in rural areas.
11. Provides evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support.

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

Reviewers will consider the extent to which the application demonstrates the following:

1. The reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, and the anticipated results.
2. The costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

3. The Project Director is employed by the applicant organization and dedicates approximately 20 percent of his/her time (may be in-kind or funded) to grant activities.
4. The completeness of the SF-424 R&R, and responsiveness to the budget information requested within this NOFO and SF-424 R&R Application Guide.

2. Review and Selection Process

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

Funding Preferences

This program provides a funding preference for qualified applicants as authorized by Section 791 of the PHS Act. 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 determine the funding preference and will grant it to any qualified applicant that demonstrates they meet one 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 must clearly indicate the basis for which they are requesting the funding preference in the Project Abstract and provide supporting documentation in **Attachment 7**.

Qualification 1: High MUC Placement Rate

Qualification 1 has a high rate for placing PA graduates in practice settings having the principal focus of serving MUC and individuals.

In order to qualify for High MUC Placement Rate, an applicant must demonstrate that the percentage of graduates placed in practice settings serving MUC for Academic Year (AY) 2019-2020 and AY 2020-2021 is greater than or equal to fifty (50) percent of all graduates.

For this NOFO, a MUC is defined as a:

1. Health Professional Shortage Area
2. Medically Underserved Area
3. Medically Underserved Population or Governor's Certified Shortage Area for Rural Health Clinic purposes

Use <https://data.hrsa.gov/tools/shortage-area> to determine whether program graduate's practice in MUCs.

Include the documentation, request for the funding preference and basis for the request in **Attachment 7**. Failure to provide all required information will result in not meeting the funding preference.

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|--|
| $ \begin{array}{r} \text{High Rate} = \text{\# of Graduates in AY 2019-2020 Employed in MUCs} \\ \text{Plus} \\ \text{\# of Graduates in AY 2020-2021 Employed in MUCs} \\ \hline \text{Total \# of Graduates in AY 2019-2020 plus AY 2020-2021} \end{array} \times 100 $ |
|--|

Qualification 2: Significant MUC Placement Rate Increase

During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in MUC.

To qualify for Significant MUC Placement Rate Increase, an applicant must demonstrate a 25 percent increase of placing graduates in MUCs from AY 2019-2020 to AY 2020-2021. Applicants who wish to request funding preference under Qualification 2 must submit as **Attachment 7**.

| |
|---|
| $ \begin{array}{r} \text{Significant Increase} = \text{\# of Graduates in AY 2019-2020 Employed in MUCs} \\ \hline \text{Total \# of Graduates in AY 2019-2020} \\ \\ \text{Minus} \\ \\ \text{\# of Graduates in AY 2020-2021 Employed in MUCs} \\ \hline \text{Total \# of Graduates in AY 2020-2021} \end{array} \times 100 $ |
|---|

Qualification 3: New Program

Qualification 3 serves as a pathway for new programs (defined in Section 791(c)(2) as those having graduated fewer than three classes) to compete equitably for the preference. New programs that meet at least four of the criteria described under Qualification 3 below shall qualify for a funding preference under this section.

New program means a physician assistant program that has graduated less than three classes. New “tracks,” such as primary care or rural tracks within existing physician assistant programs **DO NOT** qualify under either the MUC or the New Training Program funding preference qualification.

Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 7** documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria. New residency programs as

defined above can qualify for the funding preference if they meet at least four of the following criteria, and have completed training for less than three classes:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA may take into consideration the geographic distribution of awards across the United States and its territories. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details. PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

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 posed 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

3. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

4. Administrative and National Policy Requirements

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

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

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award;
- other Department regulations and policies in effect at the time of the award, or implemented during the period of award; and
- and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

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.

5. Reporting

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

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

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

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the 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.

Further information will be available in the NOA.

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

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

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

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

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
 - Project overview.
 - Project impact.
 - Prospects for continuing the project and/or replicating this project elsewhere.
 - Publications produced through this grant activity.
 - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

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

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

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

Curtis Colston
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3438
Fax: (301) 443-6686
Email: ccolston@hrsa.gov

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

LCDR Sherray Holland
Project Officer, BHW, Division of Medicine and Dentistry
Attn: Funding Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-128D
Rockville, MD 20857
Telephone: (301) 443-0952
Email: sholland@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) 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. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.