

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Medicine and Dentistry

Postdoctoral Training in General, Pediatric, and Public Health Dentistry

Funding Opportunity Number: HRSA-20-005
Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (CFDA) Number: 93.059

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: February 12, 2020

*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: November 13, 2019

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Authority: Title VII, Sec. 748 of the Public Health Service Act

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Postdoctoral Training in General, Pediatric, and Public Health Dentistry program. The purpose of this grant program is to improve access to, and the delivery of, oral health care services for all individuals, particularly low income, underserved, uninsured, underrepresented minority, health disparity, and rural populations. This program provides funds to plan, develop, operate, and participate in, approved postdoctoral training programs in the fields of general dentistry, pediatric dentistry, and dental public health that improves the health of these populations.

The FY 2020 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Funding Opportunity Number:	HRSA-20-005
Due Date for Applications:	February 12, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$13,000,000
Estimated Number and Type of Awards:	Up to 28 grants
Estimated Award Amount:	Up to \$450,000 per year-single discipline Up to \$650,000 per year-collaborative, multi-discipline Subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2025 (5 years)
Eligible Applicants:	Eligible entities include entities that have programs in dental schools, or approved residency or advanced education programs in the practice of general, pediatric or public health dentistry, which may include dental schools, public or private not-for-profit hospitals, or other public or private non-profit entities, including faith-based and community-based organizations. 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 Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program.

Program Purpose

The purpose of the Postdoctoral Training in General, Pediatric, and Public Health Dentistry program is to improve access to, and the delivery of, oral health care services for all individuals, particularly vulnerable populations and individuals located in rural and/or underserved areas. Grants under this NOFO will prepare general, pediatric, and public health dentists to practice in, and lead, new models of oral health care delivery by supporting innovative postdoctoral dental residency training programs.

Program Goals

The NOFO supports the development or enhancement of existing residency training programs to incorporate and test new and innovative models of care delivery for rural, underserved and vulnerable populations.

You may apply for funding to plan, develop and implement projects in community-based training sites that focus on one or more of the following three areas:

- 1) caring for underserved and/or vulnerable populations,
- 2) developing/expanding rural training sites, or
- 3) dental public health.

Program Objectives

There are several objectives of this program:

- increase the ability of dentists to care for the needs of patients with complex medical needs and address the social determinants of oral health,
- increase the number of dentists trained to manage oral health programs, evaluate systems of care, and design surveillance systems to measure oral health status,
- improve the training of, or increase the number of, primary care dentists trained in postdoctoral training programs located in rural areas, and
- increase the number of postdoctoral trained primary care dentists (general, pediatric, and public health dentistry) who choose to practice in rural and/or underserved areas or with vulnerable populations.

HHS and HRSA Priorities

You are encouraged to address one of the clinical priorities below which include HHS's and HRSA's priorities for combatting the opioid crisis and improving value based care as well as other HRSA priorities.

- Combatting the opioid crisis/improving Mental health
- Value-based care delivery and quality improvement initiatives
- Transforming the workforce – targeting the need
- Telehealth

- Childhood obesity
- Maternal mortality

2. Background

This program is authorized by Title VII, Sec. 748 of the Public Health Service Act. For more information about the Postdoctoral Training in General, Pediatric, and Public Health Dentistry program or other Oral Health Workforce Development programs at the Bureau of Health Workforce, go to <https://bhw.hrsa.gov/grants/oralhealth>.

Approximately 48 percent of dental school graduates go into private practice, 36 percent pursue residencies, 4 percent go into the public sector, for example through employment at a Federally Qualified Health Center (FQHC), a non-profit clinic or with the U.S. Public Health Service (USPHS), and the remaining 12 percent have less easily categorized choices (e.g., unsure, U.S. Armed Forces, other dental positions, government service, academics, other student learning, non-dental related positions).¹ Most dental school graduates have provided comprehensive care to less than 10 individuals and few have experience with advanced services at the time of their graduation.² Given this, it is not surprising that many seek additional training. Fifty-four percent of dental school graduates go into general practice residencies (General Practice Residency or Advanced Education in General Dentistry) and less than 12 percent enter into a pediatric postdoctoral training program. According to the American Dental Association's Survey of Advanced Dental Education³ for the Academic Year (AY) 2017- 2018, the demand for residencies was significantly greater than the supply (from 7 to 20 times more). It is likely that many more dental graduates would pursue postdoctoral training if it were available and did not add significant debt, as many dental residency programs charge tuition.

Caring for Vulnerable and Underserved Populations

The demand for additional training in general practice/primary care dentistry may reflect graduates' recognition of the gaps in their training to address the needs of patient populations. Though the supply of dentists is projected to grow at the national level, there is still a need to implement strategies that improve access to care for particularly underserved populations and communities⁴ such as special needs, medically complex, and the aging.^{5,6} Estimates indicate there will be more people 65 and older than under the age of 18 by 2035.⁷ While dental schools recognize the need for their trainees to

¹ American Dental Education Association. (November 2018). ADEA Survey of Dental School Seniors, 2018 Graduating Class Tables Report. Table 27. Washington, D.C. accessed from <https://www.adea.org/data/seniors/> 1.3.2019.

² Formicola AJ, Bailit HL. Community-based dental education: History, current status, and future. *J Dent Educ.* Jan 2012;76(1):98.

³ There were 11,213 applications to the 181 General Practice Residency (GPR) programs (1,123 slots), 5,821 applications to the 89 Advanced Education in General Dentistry (AEGD) residency programs (791 slots), and 9,597 applications to the 80 pediatric dentistry programs (463 slots). <https://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education>.

⁴ Surdu S, et al. The Pediatric dental workforce in 2016 and beyond. *J Amer Dent Assoc* 2019;150(7):609

⁵ Giddon DB, et al. Should Dental Schools Train Dentists to Routinely Provide Limited Preventive Primary Care? *J Dent Educ* May 2017;81(5):561.

⁶ Lee DR, et al. Understanding functional and social risk characteristics of frail older adults: a cross-sectional survey study. *BMC Fam Pract* Oct 2018;19(1):170.

⁷ <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>.

have more preparation in primary care skills, they often lack the capacity to include more clinical training in primary care particularly in caring for individuals with complex medical needs.⁸ Therefore, dental professionals initially attracted to primary care dental practice may become discouraged by the demands and seek a non-primary care career, a trend also found in medicine.⁹ Primary care postdoctoral dental training can provide an important mechanism to address gaps in predoctoral education with more training in comprehensive dental services, interdisciplinary, and interprofessional approaches to address the needs of patients with complex medical needs, and benefit from population-based training including the social determinants of oral health.^{10,11}

Link Between Dental HPSAs and Rural Areas

The number of Dental Health Professional Shortage Areas (HPSA) have increased to 5,304 in 2019¹² from 4,670 in 2011¹³ and are disproportionately in rural areas. HRSA estimates over 7,000 dental providers are needed to remove those designations.¹⁴ Large metropolitan areas have 83 dentists per 100,000 population while rural counties have about 30 per 100,000.¹⁵ Fifty-nine percent of dental HPSAs are located in rural areas.¹⁶ With less providers, residents in rural communities are more likely to have more untreated tooth decay, have lost teeth, and are more vulnerable to the non-dental consequences of poor oral health (lower quality of life, difficulty finding/maintaining employment, higher mortality).^{17,18} The recent meeting of the National Advisory Committee on Rural Health and Human Services noted the value of increasing the mentoring and training of oral health professionals in rural communities.¹⁹ Primary care postdoctoral programs in rural areas bring more oral health providers to a community, increasing access to preventive and comprehensive care, and may encourage oral health professionals to ultimately practice in rural communities, as has been found in medical training programs.^{20,21} Community Health Centers and hospitals in towns with populations of roughly 10,000 to 50,000 persons may have sufficient number of patients to be able to support dental practices,²² and may be able to make relatively modest

⁸ Jiang T et al. Interprofessional education in dental schools: results of a national survey. *Journal of Interprofessional Education & Practice*, <https://doi.org/10.1016/j.xjep.2019.04.001>

⁹ Whitcomb ME, Cohen JJ. The future of primary care medicine. *N Engl J Med*. Aug 2004;351(7):710.

¹⁰ <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health/data>.

¹¹ <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2.html>.

¹² Third Quarter of Fiscal Year 2019 Designated HPSA Quarterly Summary, June 30, 2019. Accessed 7.18.2019.

¹³ Third Quarter of Fiscal Year 2011 Designated HPSA Quarterly Summary, June 30, 2011. Accessed 7.18.2019.

¹⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. *National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025*. Rockville, Maryland, 2015.

¹⁵ Rural Health Research Gateway – www.ruralhealthresearch.org

¹⁶ Third Quarter of Fiscal Year 2019 Designated HPSA Quarterly Summary, June 30, 2019. Accessed 7.18.2019.

¹⁷ RG Watt, et al. Health disparities in Children: a canary in the coalmine. *Ped Clin of N Amer* 2018;65(5):965.

¹⁸ Henshaw MW, Garcia RI, Weintraub JA. Oral Health Disparities across the life span. *Dent Clin of N Amer* 2018;62(2):177.

¹⁹ National Advisory Committee on Rural Health & Human Services, Policy Brief. December 2018: Improving Oral Health Care Services in Rural America. Available at: <https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

²⁰ Lopez N, Sager J, Gonzaga A. Dental and Dental Therapy Students' Perspectives on How to Build Interest in and Commitment to Rural Dentistry. *J Dent Educ* August 2019; 83(8):946.

²¹ Farmer J, Kenny A, McKinstry C, Huysmans RD. A scoping review of the association between rural medical education and rural practice location. *Human Resources for Health*. 2015;13:27.

²² Rural Health Research Center Final Report #135, June 2015. Dentist Supply, Dental Care Utilization, and Oral Health Among Rural and Urban U.S. Residents. Available at: http://depts.washington.edu/uwrhrc/uploads/RHRC_FR135_Doescher.pdf.

changes to existing infrastructure to house a sustainable residency program. Through their affiliation with academic programs, rural residencies can also address some of the challenges faced by current rural health providers - access to specialty expertise and training. These affiliations may decrease the sense of isolation for the rural health provider and improve the quality of care for the rural population served.

Dental Public Health

Dental Public Health (DPH) focuses on preventing and controlling dental diseases and promoting dental health through organized community efforts and serving the community as a patient. The practice of DPH requires skills not taught in depth in dental schools such as public health administration, research methodology, and the delivery and financing of oral health care. Therefore, before an individual can even be accepted to most DPH programs they must have already completed a Master's in Public Health. DPH is a small, but vital specialty; as of July 2019, there were only 164 active DPH professionals across the nation.²³ These professionals play vital roles in public health dentistry as leaders in the USPHS Commissioned Corps and federal government agencies, as dental school deans and department chairs; and as leaders in state dental offices, health insurance companies and health systems.

There are currently only 15 active DPH programs across the nation.²⁴ In 2018, there were 195 applications and 38 slots filled for this specialty.²⁵ Often, the choice to pursue a DPH specialty is made by individuals wishing to pursue a career in public service or in the public sector. Gaining particular traction have been DPH programs offering training in combination (e.g., pediatric/dental public health) to better prepare individuals for careers that could include a clinical care component, which this program supports. The Postdoctoral Training in General, Pediatric, and Public Health Dentistry program is currently the only federal program to provide direct financial support to DPH programs.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply specifically to the Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program for Fiscal Year 2020:

Interprofessional (or collaborative) Care (IPC) – occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers [caregivers], and communities to deliver the highest quality of care across settings. (WHO, 2010).

Other Health Care Trainees – other health professions trainees who will train alongside or are trained by the primary trainees as part of the interprofessional training, such as medical residents, nursing students, etc.

²³ American Board of Dental Public Health. <https://www.aaphd.org/abdph>. Accessed 8.15.2019

²⁴ <https://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education>. SADV 2018-19 . Table 3: Applications1, Enrollment, Graduates, and Number of Accredited Advanced Dental Education Programs, 2018-19. Accessed 8.15.2019

²⁵ Ibid.

Primary Trainees – residents in General Dentistry, Pediatric Dentistry, or Dental Public Health residency programs that are being trained through the proposed program.

Primary Care Dentistry – For the purposes of this NOFO, primary care dentistry is defined as general dentistry, pediatric dentistry, dental public health or dental hygiene.

School of Public Health – an accredited public or nonprofit private school in a State that provides training leading to a graduate degree in public health or an equivalent degree. (See Sec 799B(1)(A) of the Public Health Service Act)

Team-Based Care – care delivered by intentionally created work groups of at least two health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

Vulnerable Populations – populations at increased susceptibility for poor medical, mental, and oral health outcomes that are influenced by conditions such as disparate healthcare access, healthcare quality, and genetic, personal, behavioral, environmental, socioeconomic, and community risk factors. Vulnerable populations include older adults, homeless individuals, individuals with mental health or substance-related disorders, individuals with disabilities, and people living with HIV.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$13,000,000 to be available annually to fund up to 28 recipients. You may apply for a ceiling amount of:

- Up to \$450,000 per year (inclusive of direct and indirect costs) for an application that includes accredited residency programs in one of the following disciplines: general dentistry, pediatric dentistry, or dental public health; or
- Up to \$650,000 per year (inclusive of direct and indirect costs) for a collaborative, multi-discipline application in at least two of the following disciplines: general dentistry, pediatric dentistry, or dental public health. One residency would be identified as the primary residency and serve as the applying entity. The applying entity must include in their proposed application significant collaboration to include joint planning and implementation of proposed activities and include “collaboration” as one of the grant objectives.

The FY 2020 President’s Budget does not request funding for this program. The actual amount available will not be determined until enactment of the final FY 2020 appropriation. 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 in a timely manner.

The period of performance is July 1, 2020 through June 30, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on indirect cost rates.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments 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.

III. Eligibility Information

1. Eligible Applicants

Eligible entities include entities that have programs in dental schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry, which may include dental schools, or public or private not-for-profit hospitals.

Public or private non-profit hospitals or other public or private non-profit entities, including faith-based and community-based organizations, as well as Tribes and Tribal organizations, are eligible to apply for these funds as long as they can carry out such grants and are otherwise eligible.

All training activities must be conducted within a postdoctoral training program accredited by the Commission on Dental Accreditation (CODA). Applicants can propose to develop an accredited program however, either the applicant or a partner organization responsible for the training should be an accredited program in general dentistry, pediatric dentistry, or dental public health by July 1, 2021. HRSA will check the CODA website for accreditation confirmation. Accreditation must be maintained continuously throughout the grant period. For programs applying for a planning year, initial accreditation must be received at or before, July 1, 2021, and maintained for the remainder of the project period.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of up to \$450,000, per year, for a single discipline or up to \$650,000, per year, for a collaborative, multi-discipline application non-responsive and will not consider it for funding under this notice.

Deadline

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

Maintenance of Effort

The recipient must agree to maintain expenditures of non-federal amounts for award activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by Sec. 797(b) of the Public Health Service Act (U.S.C. 295n–2(b)). Complete the Maintenance of Effort information and submit as Attachment 6.

Multiple Applications

NOTE: Multiple applications from an organization are not allowable. Institutions with more than one interested and eligible program should consider submitting one collaborative application.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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

Beneficiary Eligibility Requirements

Financial support for residents is an allowable expense under this program. Residents receiving financial support must 1) be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, 2) demonstrate need of the support, and 3) plan to work in the practice of general dentistry, pediatric dentistry, or dental public health.

Planning Year

A planning year is allowed. However, funded proposals must have primary trainees being trained through funded grant activities by the beginning of the second budget period, July 1, 2021. Applications choosing to develop new formal partnerships with rural or tribal health clinics/hospitals or those applications proposing new tracks within rural and/or underserved areas are encouraged to consider this option.

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 provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. 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 Limit

The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, 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. 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. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 11: Other Relevant Documents.

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

Program-Specific Instructions

Program Requirements

Applicants must apply for funding to plan, develop and implement projects in community-based training sites that focus on one or more of the following three areas:

Focus Area 1 (Underserved and Vulnerable Populations):

Preparing dentists to provide care for underserved communities and/or vulnerable populations by developing and testing new training and delivery models in community-based clinical training sites or enhancing existing ones. This should include an emphasis on serving those with complex medical and dental issues. Examples include:

- Developing or enhancing integrated oral and primary care clinical training sites;
- Developing or enhancing training to prepare residents to enter into, and lead, community-based service sites; and
- Developing and implementing clinical training to care for underserved communities, vulnerable populations, or populations located in rural communities.

Focus Area 2 (Rural Training Sites):

Preparing dentists to provide care in rural communities, by developing and testing new training and delivery models in community-based clinical training sites or enhancing existing ones. Developing or expanding rural dental training sites for postdoctoral training programs in primary care dentistry with the purpose of preparing dental residents to practice in rural areas. Examples include:

- Developing new or expanded primary care dental residencies within rural training sites through formal partnerships between rural or tribal health clinics/hospitals and academic centers;
- Developing sustainable, GME-eligible, rural or tribal primary care dental residencies; and
- Developing new primary care dental rural rotation sites through formal partnerships between rural or tribal health clinics/hospitals and schools of dental medicine.

Focus Area 3 (Dental Public Health):

Developing and testing new or enhanced training in dental public health. Applications should include didactic and experiential training to provide dentists with the skills to assess population needs and use data to drive health system processes. Examples include:

- Using data to develop sustainable models of accessible oral health services for underserved and vulnerable populations;
- Assessing needs of vulnerable populations within a community, formulating, and implementing policy/programmatic options including evaluation to determine impact; and

- Developing or enhancing a Dental Public Health residency program that combines clinical exposure and business management practices with research elements.

All recipients, regardless of choice of focus area, will be encouraged to develop or enhance training sites for postdoctoral dental trainees in integrated safety net health care delivery systems such as community health centers located in a Dental HPSA or serving underserved populations. Utilization of telehealth systems for the purpose of increasing access to oral health services in safety net sites and for the delivery of training is encouraged. Additionally, applications may include some faculty development for the purpose of preparing program completers for roles as community-based clinician educators and mentors.

Applicants are encouraged to target programs towards dentists who are likely to provide care for underserved groups and communities. Successful award recipients require all trainees to obtain National Provider Identifier (NPI) numbers to aid long-term assessment of the program's impact on access and delivery of quality oral health care services. Trainees who receive HRSA funds through this award must apply for an NPI for the purpose of collecting post-completion employment demographics, and grantees are required to report the NPI numbers for all individuals participating in the program to HRSA.

Eligible entities may partner with schools of public health to permit the education of dental residents for a master's year or a certificate in public health at a school of public health. Programs must identify residents who will be enrolled in a Masters of Public Health program prior to acceptance. Programs may use dedicated match or non-match slots. The Masters of Public Health programs must either be 1) completed after acceptance to the program, but prior to the actual specialty residency training, or 2) demonstrate a well-integrated MPH curriculum within the residency program curriculum. Proposals may include training, including an MPH, to enhance the population health knowledge and skills of existing faculty engaged in teaching residents.

The use of a planning year is allowed. Applications choosing to develop new formal partnerships with rural or tribal health clinics/hospitals or those applications proposing new tracks within rural and/or underserved areas are encouraged to consider this option.

Per the recommendation of the Advisory Committee on Training in Primary Care Medicine and Dentistry, "to leverage funding streams to reduce barriers and foster programmatic collaboration,"²⁶ HRSA has designed the Postdoctoral Training in General, Pediatric, and Public Health Dentistry program to give primary care dental residents experience and competency in areas that make them more likely to serve in underserved areas. The National Health Service Corps (NHSC) is committed to strengthening the primary care workforce through the recruitment and retention of high quality primary care providers through its scholarship and loan repayment programs in exchange for a commitment to serve in a HPSA. Therefore HRSA encourages awarded

²⁶ Advisory Committee on Training in Primary Care Medicine and Dentistry. Training Health Professionals in Community Settings During a Time of Transformation: Building and Learning in Integrated Systems of Care. December, 2014.

programs to strongly consider participants in the NHSC Scholarship Program and NHSC Students to Service (S2S) Loan Repayment Program (LRP) for their residency programs.

Applicants are strongly encouraged to describe how they will provide information to residents throughout their program about the NHSC, especially the loan repayment program, and how they will connect program graduates to the [HRSA Health Workforce Connector](#) and other existing support resources so they can obtain primary care employment with entities serving rural and/or underserved populations or areas, preferably in community-based clinical settings, including NHSC approved sites and in HPSAs after they graduate.

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

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

In addition to the instructions provided in the guide, please include the following information at the top of the abstract

- Period of performance
- The name and credentials of the project director
- The name of the training program
- Discipline(s) of the residency program
- Organization website
- Planning year, if applicable

The Abstract must include:

1. A brief overview of the project as a whole, to include which Focus Area(s) are addressed;
2. Specific, measurable objectives that the project will accomplish;
3. Which of the clinical priorities will be addressed by the project, if applicable;
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project; and
5. Identify the requested funding priority or priorities, as applicable.

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*

Briefly describe the purpose of the proposed project, what you plan to accomplish and the needs it will address. Use and cite data whenever possible to support the information provided.

Describe the current state of the health care delivery system that will serve as a training site for your training program. Identify specific gaps in your current training program that will be addressed through the proposed training program.

Discuss the needs of the specific community/communities in which the proposed training will take place and identify those that will be addressed through your proposed training program. You should include a discussion of the target population served by this segment of the health workforce, as well as the socio-cultural determinants of health and health disparities impacting the population or communities served and/or unmet. Provide documentation of demographics and other relevant data that demonstrate it is an underserved or rural community and describe how these needs are reflective of needs at the State or national level.

Describe gaps in the current oral health care workforce, particularly in the proposed targeted disciplines, including training needs. Describe how the program is relevant at the national or State level. Explain how developing the proposed training will address the health workforce gaps you have identified.

- *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).*

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: <http://bhwh.hrsa.gov/grants/technicalassistance/workplantemplate.docx>). You must:

- Describe the key milestones for each task or activity, timeframe for completion, and a description of your staff responsible to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section. Be sure to include evaluation and dissemination activities, any needed facility improvements for the training environment, and any **non-grant funded** construction or renovations envisioned.
- Describe your process to track trainees after program completion/ graduation for up to five years to assess career choices. At a minimum this must include tracking trainees' NPIs.
- Describe any plans to consider NHSC Scholars or S2S LRP recipients for your program.

- Describe any plans to recruit, retain, and help place residents in rural and/or underserved areas.
- Describe the timeframes, deliverables, and key partners that will be required during the grant period of performance to address each of the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate given the program design and how the targets fit into the overall timeline of grant implementation.
- 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 reflect the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

You must also include an annual training chart that indicates the number of trainees you plan to train through the proposed activities in Attachment 11: Other Relevant Documents. The chart must include information on the following:

- Information on the Primary Trainees that will be trained through the grant. For each discipline include the following:
 - the number of primary care residents (General Dentistry, Pediatric Dentistry or Dental Public Health) you propose to train each year,
 - the number of primary care residents you project to complete the program each year,
 - the projected number of primary care residents in your recruitment, retention, and placement plan, if applicable,
 - the number of individuals who are underrepresented minorities you project to train each year, as applicable,
 - the number of residents from a rural or disadvantaged background you project to train each year, as applicable,
 - the number of veterans you project to train each year,
 - estimated number of primary care residents receiving public health training, and
 - the estimated number of primary care residents you will train to work collaboratively with other health professionals.
- Other Health Care Trainees (see Program Definitions in *Section 1.2*):
 - the expected number of other health professions trainees, by discipline, that will receive training alongside your Primary Trainees during each year of the project period,
 - the number of partnerships with community-based organizations actively contributing to primary care resident training, as applicable,
 - the number of primary care dental training program partnerships providing interprofessional training, and
 - the number and discipline of other health professionals trained to address oral health needs.

Please note that grant funds may not be used to plan a training program solely for Other Health Care Trainees or to provide financial assistance to Other Health Care Trainees.

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

Clearly indicate which Focus Area(s) your proposal addresses and how the proposed activities align with them.

Within each Focus Area, describe, in detail, your proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project goals and objectives to the overall purpose of your proposed project. Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed didactic or clinical curricula to be developed or enhanced and any proposed changes to the clinical learning environment.

Clearly describe how your proposed project addresses the requirements noted in the focus area(s) for which you are applying. Indicate how the project goals and objectives address the identified needs of the training program and those of the community in which the training will take place. Discuss how the proposed methodology will prepare postdoctoral dentists to provide care for specified vulnerable and/or underserved groups or communities. Provide evidence supporting the proposed methodologies. Provide the context and explain why your project is new or an enhancement of your current program.

Identify the key partner organizations, departments, or programs involved and describe how you will function and coordinate carrying out the grant activities. Describe partnerships with primary care delivery organizations and other community-based organizations.

As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities, if applicable.

Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

The methodology should include a description of the Primary Trainees (see Program Definitions in *Section 1.2*) and the accredited programs they will be drawn from, how any training in integrated, interdisciplinary teams will be structured and what other disciplines will be included, and any didactic or clinical curricula to be developed or enhanced. Also include any initiatives to assist the transition of trainees into practice in evolving delivery models for underserved communities, and how the initiative is expected to facilitate transition of trainees into practice.

Specific only to Focus Area 3: Clearly describe the didactic and experiential training proposed and how it will provide residents with the skills to assess population health needs and use data to drive health programs and system processes.

For all Focus Areas, describe any planned innovative programs to encourage or support Primary Trainees underrepresented in dentistry, such as certain minorities, individuals from rural or disadvantaged backgrounds, and/or veterans. Programs should be designed to help these Primary Trainees to apply for, and be successful in, oral health professional training programs. If applying for Priority 3 (Student Background), applicants may describe how this innovative plan will improve the institution's record of training individuals who are from a rural, disadvantaged background, or an underrepresented minority.

Include in your description the recruitment, retention, and placement strategies and activities to be employed and any partnerships or outreach to existing programs or institutions.

Discuss how your program will facilitate placement of Primary Trainees in rural and/or underserved areas. At a minimum, applicants must describe how the applicant will use the [HRSA Health Workforce Connector](#) and other existing employment resources to help program completers not looking for academic positions, find jobs in rural and/or underserved settings, preferably in community-based settings.

If support for a Master in Public Health degree for residents is proposed, indicate what school(s) of public health you are partnering with, how it will operate, and how eligibility for such support will be determined.

Describe any needed facility construction or significant renovations required to implement your plan, what non-grant resources will be used for this, and a timeline for completion. Note that grant funds may not be used for construction and/or renovation activities.

Please note that program evaluation must be one of your objectives (see directions for the Evaluation and Technical Support Capacity narrative under IMPACT for more information).

Logic Model

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements 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.cdc.gov/oralhealth/state_programs/pdf/logic_models.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. Describe any potential obstacles to implementing the evaluation plan and meeting HRSA’s reporting requirements, and indicate how those obstacles will be addressed.

- *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)*

You must describe the plan for program performance evaluation. 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. v., Attachment 2), you must 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. You must 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.

You must also 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://bhwhrsa.gov/grants/reporting/index.html>. 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. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must 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.

Describe your process to track trainees after program completion for up to five years, to include collection of trainees' National Provider Identifiers (NPI). (Note: Trainees who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting post-completion employment demographics).

Applicants must describe their capacity to collect and report data such as, but not limited to, the following on an annual basis:

- The number and demographics of Primary Trainees,
- The type and location of employment of program completers,
- The number of interprofessional teams that were trained and their breakdown by discipline, and
- The effect on the training experience on the residents' abilities and decisions to provide care to underserved communities after completing the program.

Applicants are required to identify the baseline percentage of program completers who:

1. Go on to practice in general dentistry, pediatric dentistry, or dental public health, and
2. Practice in settings serving rural and/or underserved areas or health disparity populations (see [Health Workforce Glossary](#) for definitions).

Program Impact:

- **Focus Area 1** programs should propose evaluating the impact of training in at least one of the following three areas: 1) access to care for populations being served, 2) quality of care received by patients in the

new training environment, and 3) the estimated cost effectiveness of the care delivered in the new training environment.

- **Focus Area 2** programs should propose evaluating the impact of training in at least one of the following three areas: 1) access to care for populations being served, 2) quality of care received by patients in the new training environment, and 3) the estimated cost effectiveness of the care delivered in the new training environment.
- **Focus Area 3** programs should propose evaluating the impact of the new or enhanced training in at least one of the following areas: 1) types of positions program completers hold, and 2) ongoing public health practices of program completers, including participation in health system transformation and public health initiatives.

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

You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, key partnerships and course curriculum which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. 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. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

▪ *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, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v., Attachment 4.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

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, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In

the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - 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.

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>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. **Budget**

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions included in the *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 the application for funding, you will have a well-organized plan, and by carefully following the approved plan can 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) incurred by the recipient to carry out a HRSA-

supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 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 FY, as required by law.

Financial assistance to eligible participating dental residents or practicing dentists who can demonstrate need is an allowable cost, and may serve to encourage and support residents underrepresented in the dental profession, such as certain minorities, veterans, or individuals from a rural or disadvantaged background. See Participant/trainee Support Costs below.

Funding for reasonable equipment purchases will be allowed.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments 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 sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

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

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

In addition, the Postdoctoral Training in General, Pediatric and Public Health Dentistry program requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

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

v. **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. You must clearly label each attachment.

Attachment 1: Work Plan

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

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, 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)

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

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

Attachment 5: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts), as needed.

Attachment 6: Maintenance of Effort Documentation

You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2019 (Actual)	FY 2020 (Estimated)
FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application.	FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$ _____	Amount: \$ _____

Attachment 7: Request for Funding Priority

To receive a funding priority, include a statement that you are eligible for a funding priority and identify the priority. Include documentation of this qualification by uploading an attachment that: 1) clearly states which priority or priorities are being requested, 2) how each priority is met, 3) if applicable, include any required data and calculations, and 4) if applicable, provide references to relevant objectives, work plan, and activities. Identify the requested funding priorities in the Abstract as well.

See the **Funding Priority** section under **Review and Selection Process in Section V.2**

Attachment 8: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

Identify your current (or previous) grant number, include the most important objectives from your approved application (including any approved changes), and document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. More specifically, the report should include:

- (1) The period covered (dates)
- (2) Specific objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 9: Letters of Support

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 10: Other Relevant Documents

Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

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

- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 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 federal-wide. Effective January 1, 2020, 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 located at [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 February 12, 2020 *at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The Postdoctoral Training in General, Pediatric, and Public Health Dentistry 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 up to 5 years, at no more than \$450,000 per year (inclusive of direct **and** indirect costs) for single discipline applications, or \$650,000 per year (inclusive of direct and indirect costs) for collaborative, multi-discipline applications. The FY 2020 President's Budget does not request funding for this program. 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 in a timely manner. 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 B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

Funds under this notice may not be used for purposes specified in the HRSA's SF-424 R&R Application Guide. In addition, you cannot use funds under this notice for the following purposes:

- Construction or major renovation activities
- Foreign training or travel
- Specialty board certification exam fees
- Fringe benefits for participant/trainees (health insurance is an allowable participant/support cost)
- Accreditation Costs and Fees
- Financial assistance to Other Health Care Trainees

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.

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 Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's Purpose and Need

The extent to which you demonstrate the problem and associated contributing factors to the problem, including the quality and degree to which you address:

- The gaps of your current training program and the current health care delivery system that will serve as the training site(s).
- The target population to be served by this segment of the health workforce and the needs of the specific community/communities in which the proposed training will take place.
- The socio-cultural determinants of health and health disparities impacting the population to be served.
- The demographics and other relevant data that demonstrate the target area as an underserved or rural community.
- The current oral health care workforce and your program's relevance at the State or national level.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the populations and communities served. Your application will also be reviewed on the extent to which:

- The proposed activities and timelines are feasible, includes key milestones for each activity, identifies meaningful support of key stakeholders, and clearly describes / justifies the number of trainees that will be trained for each year.
- Plans to consider NHSC Scholar or NHSC S2S LRP recipients for your program are described.
- Your process to track trainees after program completion for up to five years, which must include, at least, trainees' National Provider Identifiers (NPI) is described.
- The staffing plan is adequate to implement the proposed work plan. Reviewers will consider level of staffing, skill sets, qualifications of key personnel, and planned recruiting activities for unfilled positions.

- The description of proposed facilities, including proposed equipment, for the training program is clear, is reasonable and adequate to accomplish the goal(s) of the proposed training project.
- Funds for sub-awards or expended on contracts will be properly documented.

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

The extent to which you respond to the requirements and expectations of the program and address the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs. Your application will also be reviewed on the extent to which:

- Proposed activities are linked to clearly defined goals and objectives that address the *Purpose and Needs* section of the project narrative and the extent to which the proposal addresses at least one of the three focus areas.
- Objectives are specific, measurable, reasonable, and attainable.
- You clearly indicate who the Primary Trainees will be and what programs they will be drawn from.
- Other professional trainees (e.g., medical residents, nursing students, etc.) are incorporated into the team-based training of the Dental Primary Trainees.
- The strength and level of your involvement/commitment and that of your contributing partners to implementing the proposed training activities successfully within the community being served is identified.
- The strength and feasibility of any proposed program activities that encourages and supports residents underrepresented in dentistry, such as certain minorities, individuals from rural or disadvantaged backgrounds, and/or veterans, to apply for, and be successful in, oral health professional training programs.
- Evidence is provided to support the proposed methodologies, including published literature, prior experience, and historical data.
- The proposed logic model shows sophistication and plausibility (refer to *METHODOLOGY/APPROACH 2(b)* for specific requirements).

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

The extent to which you demonstrate 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.

Criterion 3: IMPACT (30 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 (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The extent to which the proposed project will impact public health and how the effectiveness of the project will be measured, if funded. The extent to which you are able to effectively report on the measurable outcomes being requested. This includes both your internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include the strength and effectiveness of the method proposed to monitor and evaluate the project results.

- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- Your ability to incorporate data collected into program operations to ensure continuous quality improvement.
- Whether the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes.
- Your ability to implement a trainee tracking system that allows your program to track trainees following completion of training to assess if completers are: practicing in general dentistry, pediatric dentistry, or dental public health; practicing collaboratively with other, non-dental, health professionals; practicing in a rural setting, Dental HPSA, or in a setting serving other underserved populations; teaching or conducting research; and assess if non-dental trainees are addressing oral health needs.
- Whether you have the resources and technical capabilities to carry out the proposed evaluation plan, anticipate obstacles to the evaluation and propose how to address those obstacles.
- A description of the feasibility and effectiveness of plans for dissemination of project results.
- The degree to which the project activities are replicable.

Additionally, specific criteria will be considered for:

- **Focus Area 1:** the extent to which the evaluation plan will be able to assess access to care, quality of care and the estimated cost effectiveness of the care delivered in the new training environment particularly for underserved communities and vulnerable patients being served in the proposed clinical training environment;
- **Focus Area 2:** the extent to which the evaluation plan will be able to access to care, the quality of care received, and the estimated cost effectiveness of the care delivered to rural patients in the new training environment; and
- **Focus Area 3:** the extent to which the evaluation plan will be able to address the impact of the new or enhanced training on a population level, the types of

positions program completers hold, particularly in dental public health; and ongoing public health practices of program completers.

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

The extent to which you describe a solid plan for project sustainability after the period of federal funding ends. The extent to which you clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges. Your application will also be reviewed on the extent to which:

- You incorporate successful results, effective training methods and environments, key partnerships and course curriculum into your overall training program.
- The resources requested sustain activities and the effectiveness of the methods proposed to meet those needs.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through your project narrative, as well as through your Attachments. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project; this may be evaluated through both the project narrative and *Staffing Plan and Job Descriptions for Key Personnel* (Attachment 2). Your application will also be reviewed on the extent to which:

- Your organizations’ current missions and structures are aligned with the goal of this funding opportunity.
- Proposed partners have the capabilities to carry out the planned activities, including the ability to secure needed staff and resources.
- Your organization and its proposed partners can effectively provide services to underserved or rural populations.
- Your Project Organizational Chart (Attachment 4) will allow for effective collaboration among partners and proper oversight of progress and activities.
- The strength of evidence demonstrating meaningful support and collaboration with key stakeholders in planning, designing, and implementing of all activities, including development of the application.
- The strength of evidence of support and commitment from all collaborative partners (e.g., resources and letters of support) demonstrates their understanding of their role and commitment to the project (Attachments 3 and 9).
- The strength of evidence of support by the individual or body responsible for the overall curriculum for each training program involved (e.g. letter from deans, educational boards, other institutional leadership, etc.) is demonstrated. The evidence must demonstrate their understanding, support, and commitment to implementing the proposed changes to the program curriculum (Attachment 9).

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV’s Budget Justification Narrative and SF-424 R&R budget forms

The reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the research activities, and the anticipated results. Your application will also be reviewed on the extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Key personnel have adequate time devoted to the project to achieve project objectives.
- Participant/Trainee support costs are reasonable and supportive of the project objectives. The budget follows the NOFO program-specific guidelines, including the SF-424 R&R application guide.
- Modifications to clinical environments, e.g., equipment, systems, or supplies are reasonable and necessary to implement the proposed training environment.
- Budget justification is clear and aligns with the SF 424 R&R budget forms for each year. The costs are clearly justified and reasonable by a narrative description, provides an itemized breakdown for all costs, including participant/trainee support costs, and indirect costs are calculated at 8 percent.

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., distribution across the disciplines of general dentistry, pediatric dentistry, and dental public health, and 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 Priorities

This program includes eight funding priorities, as authorized by Title VII, Sec. 748 of the Public Health Service Act. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant’s score. Up to 20 priority points are available across the eight (8) priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 20 priority points. These priority points will be in addition to the possible score of 100 total points as outlined in the review criteria. More specific information can be found under Attachment 7 requirements.

The instructions/criteria for each funding priority are provided below, and funding priority requests and justification narratives/data should be uploaded as Attachment 7. Funding priorities will be reviewed by HRSA staff. **Failure to clearly request or**

provide the requested information, documentation, or sufficient detail may result in denial of the applicant's request. Applicants must use their judgment in deciding what information HRSA staff will need in order to grant the funding priority. Some funding priorities include important definitions (for words in italics - see Program Definitions section located in *Section 1.2* of this funding opportunity announcement).

The Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program has eight (8) funding priorities:

Priority 1: Collaborative Project (1 Point)

You will be granted a funding priority if you propose a collaborative project between 1) a department of general, pediatric, or public health dentistry **and** 2) a department of primary care medicine. The collaboration must be a focus of your application and included as one of the grant objectives in the work plan. You must include a letter of agreement from the collaborating department of primary care medicine in **Attachment 7**.

Priority 2: Discipline Retention (3 Points)

This priority focuses on the number of program completers from your residency training program who enter into and remain in the practice of primary care dentistry. There are two ways to qualify:

1) Record of Training

To qualify under this method you must confirm that the percentage of program completers from your primary care dentistry residency program(s) who enter into, and remain in the practice of primary care dentistry for the last two academic years (AY2017-18 & AY2018-19) is greater than 90 percent. You must provide a letter from the dean or program director of the applying training program at your institution that affirms the percentage of program completers from the applicable residency training program(s) (you must include the actual percentage in the letter) from the last two academic years (AY2017-18 & AY2018-19) who entered into, and remained in the practice of primary care dentistry is greater than 90 percent.

OR

2) Significant Improvement

To qualify under this method you must confirm a percentage point increase of 50 percent or more in the number of program completers who enter into, and remain in the practice of primary care dentistry from AY2016-17 to AY2018-19. You must provide a letter from the program director of the residency training program that affirms that the percentage of program completers (you must include the actual percentage in the letter) who entered into, and remained in the practice of primary care dentistry from AY2016-17 to AY2018-19 increased by 50 percentage points or more.

Note: New programs that did not have program completers in the above academic years are not eligible for this priority due to the absence of baseline data.

Priority 3: Student Background (3 Points)

This priority focuses on your institution’s record of training individuals who are from a rural or disadvantaged background or an underrepresented minority. To qualify under this priority, your application must confirm that 25 percent or more of your total current residency trainee population is from a rural background, a disadvantaged background, or an underrepresented minority (refer to Program Definitions in this NOFO) AND affirm that no resident was counted more than once when making the calculation. To calculate the greatest percentage, include the following formula in your application:

$$\text{Percentage} = \frac{\begin{array}{l} \# \text{ current enrolled trainees who are underrepresented} \\ \text{minorities or from rural or disadvantaged backgrounds} \\ \text{(do not count trainees more than once in the numerator)} \end{array}}{\text{Total number of trainees enrolled}} \times 100$$

Priority 4: Formal Relationships (3 Points)

To qualify for this priority you must have established, or plan to establish, a formal relationship with a FQHC, a rural health clinic, or an accredited teaching facility for the purpose of training dental residents. You must include a letter of agreement from the FQHC, the rural health clinic, or accredited teaching facility in **Attachment 7**. To apply for this priority, you must provide sufficient documentation of the actual or pending working relationship.

Priority 5: Vulnerable Populations (1 Point)

You will be granted a funding priority if you propose to conduct a teaching program targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, and individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations. The proposed activities must be a focus of your application and included as one of the grant objectives in your work plan.

Priority 6: Cultural Competency and Oral Health Literacy (1 Point)

To qualify your dental training program must include educational activities in cultural competency and oral health literacy. These activities must be one of your proposed objectives and included in your work plan.

Priority 7: Placement in Practice Settings (7 Points)

This priority focuses on the number of program completers from your primary care dentistry residency program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify:

1) High Rate

To qualify under this method, you must provide a letter from the dean or program director of the applying training program at your institution that affirms that the percentage of program completers from your primary care dentistry residency program(s) placed in practice settings serving underserved areas or health disparity populations over the past two academic years (AY2017-18 & AY2018-19) is greater than 40 percent. You must include the actual percentage in the letter.

OR

2) Significant Increase

To qualify under this method, you must provide a letter from the dean or program director of the applying training program at your institution that affirms that the percentage of program completers from your primary care dentistry residency program(s) placed in practice settings serving underserved areas or health disparity populations from AY2016-17 to AY2018-19 has increased by 20 percentage points or more (percentage point increase). You must include the actual percentage in the letter.

Note: New programs that had no program completers in the above academic years are not eligible for this priority due to the absence of baseline data.

Priority 8: Special Populations (1 Point)

You will be granted a funding priority if you propose the establishment of 1) a special populations oral health care education center **or** 2) a didactic and clinical education training program. The target of the activity must be dentists, dental health professionals, and dental hygienists who plan to teach oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly. The proposed activities must be a focus of your application and included as one of the objectives in your work plan.

Applicants may use any format to request priorities; however, this information must be submitted as Attachment 7. **Failure to clearly request and provide the below information, documentation or sufficient detail will result in the applicant's request for the priority being denied.** Attachment 7 should provide in one document a list of the priority(ies) being requested, clearly indicated by the number and name of the priority.

For each priority requested, please provide:

- A concise narrative justification of why you qualify,
- The method(s) being used to request the priority,
- A reference to relevant Objectives, Work plan, and Activities, if applicable,
- A summary of the data requested if applicable, and
- A complete calculation with numerator and denominator, if applicable.

Funding Special Considerations and Other Factors

This program includes special considerations for distribution across the disciplines of general dentistry, pediatric dentistry, and dental public health, as well as geographical distribution. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

3. Assessment of Risk

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

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

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

Effective January 1, 2016, 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 any of 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

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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. 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 federally 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 data rights.

3. Reporting

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

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

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

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

Further information will be available in the NOA.

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

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

- 3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system 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. Financial reports must be submitted electronically through the EHBs system. More specific information will be included in the NoA.
- 5) **Other required reports and/or products.** Copies of any materials disseminated including presentations, publications or posters should include the following acknowledgement and disclaimer:

“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

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

VII. Agency Contacts

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

Latisha Nibblett
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1582
Email: lnibblett@hrsa.gov

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

Jennifer Holtzman D.D.S., M.P.H.
Dental Officer, Bureau of Health Workforce
Attn: Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N186A
Rockville, MD 20857
Telephone: (301) 945-3368
Email: JHoltzman@hrsa.gov

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

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

Email: support@grants.gov

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's 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/default.aspx> 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>.