

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Health Workforce

Division of Medicine and Dentistry

Preventive Medicine Residency

Funding Opportunity Number: HRSA-23-004

Funding Opportunity Type(s): New

Assistance Listings Number: 93.117

Application Due Date: November 21, 2022

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

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: September 20, 2022

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

Authority: 42 U.S.C. § 295c (Section 768 of the Public Health Service Act)

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Preventive Medicine Residency Program. The purpose of this program is to increase the number, quality, and diversity of preventive medicine residents and physicians to support access to preventive medicine and to integrate population health with primary care to improve the health of communities.

Funding Opportunity Title:	Preventive Medicine Residency (PMR) Program
Funding Opportunity Number:	HRSA-23-004
Due Date for Applications:	November 21, 2022
Anticipated Total Annual Available FY 2023 Funding:	\$6,700,000
Estimated Number and Type of Award(s):	Up to 16 grant(s)
Estimated Annual Award Amount:	Up to \$400,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	May 1, 2023, through April 30, 2027 (4 years)

Eligible Applicants:	<p>(a) Accredited school of public health or school of medicine or osteopathic medicine;</p> <p>(b) an accredited public or private nonprofit hospital;</p> <p>(c) a State, local or tribal health department; or</p> <p>(d) a consortium of two or more eligible entities as describe in items a, b, or c.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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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 the NOFO and provide 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 Preventive Medicine Residency (PMR) Program.

For more details, see [Program Requirements and Expectations](#). The purpose of this program is to increase the number, quality, and diversity of preventive medicine residents and physicians to support access to preventive medicine and to integrate population health with primary care to improve the health of communities.

Program Goal

The goals of the PMR program are to 1) increase the supply and diversity of the preventive medicine physicians; and 2) enhance the quality of the preventive medicine residencies through residents having one of their rotations be a longitudinal rotations in a Federally Qualified Health Center (FQHC) in rural and/or medically underserved communities.

Program Objectives

1. Increase the knowledge and skills of preventive medicine residents to incorporate public health competencies into primary care through having one of their rotations be a longitudinal rotation at a FQHC.
2. Increase the knowledge and ability of preventive medicine residents to identify and address social determinants of health (SDOH), low health literacy, and health disparities faced by the populations served by FQHCs.
3. Develop or enhance the curriculum to incorporate teaching regarding emerging public health crises, health equity, health literacy, and strategies to address SDOH.
4. Increase recruitment and retention of diverse preventive medicine residents and faculty.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to COVID-19 training.

2. Background

The Preventive Medicine Residency Program is authorized by Title VII, section 768 of the Public Health Service (PHS) Act, 42 U.S.C. 295c.

“Preventive Medicine is the specialty of medical practice that focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Preventive medicine specialists have core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of healthcare organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences.”¹

Preventive medicine physicians may naturally fit within health departments since they are trained in the medical specialty of public health; however, that is not the only type of location where preventive medicine physicians practice their specialty.² Federally Qualified Health Centers (FQHCs) are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality health care services to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.³ Preventive medicine physicians working in these environments can assist organizations in addressing the social determinants of health, health disparities and health literacy faced by the population served. Training preventive medicine residents in FQHCs has the propensity to advance population-based patient outcomes and address health disparities in underserved and rural communities served by these facilities.

The COVID-19 pandemic has demonstrated the value of having the preventive medicine specialist integrated within health systems, including health centers. The integration of public health and primary health care can foster a more holistic understanding of the health needs of the population. This understanding has the potential to decrease health disparities, improve health literacy, and enhance health equity. Preventive medicine physicians’ knowledge of clinical medicine and public health puts them in a position to straddle both, to ensure clinical activities are meeting standards of care, and that public health activities are informed by clinical information.⁴

¹ American Board of Preventive Medicine. (n.d.). The Meaning of Preventive Medicine. Retrieved on May 5, 2022 from <http://www.theabpm.org/about-us/>.

² Jung, P., Warne, D., Integration of the Preventive Medicine Specialty in the Rural and Tribal Public Health Workforce, Elsevir, Prev Med. 2020 Oct; 139

³ <https://bphc.hrsa.gov/about-health-centers/what-health-center>

⁴ Jung, P., Warne, D., Integration of the Preventive Medicine Specialty in the Rural and Tribal Public Health Workforce, Elsevir, Prev Med. 2020 Oct; 139: 106187, p. 3, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318949/>, (accessed 29 December 2021).

The physician workforce does not resemble the nation's increasing diverse patient population.⁵ The Association of American Medical Colleges (AAMC) reports that in 2019 36.3% of the active physician workforce were female and 44.9% of the active physician workforce were age 55 or older.⁶ Hispanic and African Americans make up 18.5% and 13.4% of the US population respectively, yet only 5.8% and 5% are physicians. Native Americans make up 1.3% of the US population with 0.3% being physicians.⁷ To provide the best possible care for all patients and help disparities, diversity among physicians is essential.

HRSA has been an important source of federal support for preventive medicine residency programs. HRSA last competed the Preventive Medicine Residency Program in FY 2018. Applicants can review the abstracts of the 17 currently funded projects at the HRSA Data warehouse: <https://datawarehouse.hrsa.gov/tools/findgrants.aspx>.

Program Definitions

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

Combined Preventive Medicine Programs for the purposes of this NOFO are programs with combined training in Preventive Medicine (PM) and Internal Medicine (IM) that is approved by the American Board of Preventive Medicine (ABPM) and the American Board of Internal Medicine; and combined training in PM and Family Medicine (FM) approved by ABPM and the American Board of Family Medicine.⁸

Health Equity means the “consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”⁹

⁵ Robeznieks, A. How diversity's power can help overcome the physician shortage. May 18, 2022. Retrieved June 13, 2022 from <https://www.ama-assn.org/delivering-care/health-equity/how-diversity-s-power-can-help-overcome-physician-shortage>.

⁶ The Association of American Medical Colleges. 2020 Physician Specialty Data Report; Executive Summary, January 2021. Retrieved June 13, 2022 from <https://www.aamc.org/data-reports/data/2020-physician-specialty-data-report-executive-summary>.

⁷ Robeznieks, A. How diversity's power can help overcome the physician shortage. May 18, 2022. Retrieved June 13, 2022 from <https://www.ama-assn.org/delivering-care/health-equity/how-diversity-s-power-can-help-overcome-physician-shortage>.

⁸ <https://www.theabpm.org/for-program-directors/combined-training-programs/>

⁹ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

Health Literacy means the degree to which individuals can obtain, process, and understand basic health information and services necessary to make appropriate health decisions.¹⁰

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$6,700,000 to be available annually to fund approximately 16 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. Applicants may apply for a ceiling amount of up to \$400,000 total cost per year. Your request for each year of the period of performance cannot exceed your year 1 request. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is May 1, 2023 through April 30, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for PMR in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in meeting program requirements and expectations as outlined by this application.

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

Limitations on indirect cost rates

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

¹⁰ <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy>

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include:

- a. An accredited school of public health or school of medicine or osteopathic medicine;
- b. an accredited public or private nonprofit hospital;
- c. a state, local or tribal health department; or
- d. a consortium of two or more eligible entities as described in items, a, b, or c.

PMR programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). An official letter from ACGME must be submitted to HRSA with the application to document the approved accreditation status of the program with the beginning and ending dates of the current accreditation.

Accreditation documentation must be submitted as **Attachment 1**.

Eligible applicants include public and private nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply if they meet the eligibility requirements specified in items a through d.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it:

- Exceeds the ceiling amount of \$400,000 per year, including both direct and indirect costs, or
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#).

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. §295n-2(b). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as **Attachment 4**.

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are allowed if the applications reflect different specialty areas (public health and general preventive medicine, aerospace medicine, and occupational medicine). An applicant cannot submit more than one

application for each specialty area. Each application will be evaluated and scored independently.

An organization is defined by having a Unique Entity Identifier. If an organization submits multiple applications under the same specialty area, only the last application that is validated by Grants.gov prior to the deadline will move forward.

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

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

Eligible Trainees

Trainees receiving support from award funds must be:

- (a) a citizen, national, or permanent resident of the United States; an individual lawfully admitted for permanent residence to the United States, or any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996” and
- (b) a physician who has graduated from a school of medicine accredited by the Liaison Committee on Medical Education (LCME) or a school of osteopathic medicine accredited by the Commission on Osteopathic College Accreditation (COCA) or a non-U.S. physician or graduate of non-U.S. medical schools certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

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>.

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-004 in order to receive notifications

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

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **80 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 pages will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-004 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment(s) 8-15: Other Relevant Documents*.

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

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

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

Program Requirements and Expectations

Programs must:

1. Have residents in place during the first budget year. This NOFO does not support a planning year.
2. Provide residents with a longitudinal rotation of a minimum of two months within a Federally Qualified Health Center (FQHC) along with coursework in public health, health management and policy, population and community health, and leadership. The rotations at the FQHCs will focus on needs assessment of the population served, other projects related to SDOH, and/or analyses of health outcomes data related to the population served by the FQHC.
3. Have residents conduct scholarly research projects on factors affecting the health of the population served by the FQHC rotation.

4. Ensure preventive medicine residents apply for a National Provider Identifier (NPI) number, and collect and report the NPI numbers of residents who participate in the program.
5. Develop and implement a plan to collect post-graduation employment data of graduates from the residency program for one-year after completion of the residency.

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 of this NOFO. For information required in the Project Abstract Summary Form, see Section 4.1.ix of [HRSA’s SF-424 R&R Application Guide](#).

The Abstract must include:

1. A brief overview of the project as a whole.
2. Specific, measurable objectives that the project will accomplish.
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.
4. A statement on the projected number of residents to be trained each year and the core specialty(ies) of preventive medicine (i.e., public health and general preventive medicine, occupational medicine, or aerospace medicine) for which support is requested.

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need

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

ii. *Project Narrative*

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

Use the following section headers for the narrative:

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

This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve. Use and cite demographic data whenever possible to support the information you provided.

1. You must briefly describe the purpose of the proposed project that aligns with the program goals, objectives and requirements in this NOFO. Include the specialty(ies) in preventive medicine for which support is being requested.
2. Outline the needs of the training program or institution. You must describe and document the need for the preventive medicine physicians you propose to train and your institution's training needs for preventive medicine residents.
3. Include a discussion of the target population served by your preventive medicine residency program, including the socio-cultural determinants of health and health disparities impacting the population or communities served and/or unmet.

4. Describe the need to incorporate training to increase the use of culturally and linguistically appropriate services, and the need to address public health inequities and health disparities and the principles of SDOH throughout the program or curriculum.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V’s Review Criteria 2 (a), (b), and (c).*

(a) *WORK PLAN -- [Corresponds to Section V’s Review Criterion\(a\) 2 \(a\)](#)*

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

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

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
2. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
3. Explain how the work plan is appropriate for the program design and how it is specially designed to fit into the overall timeline of grant implementation.
4. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

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

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

You must describe your objectives and proposed activities, and provide evidence for how they relate to the project purpose and stated needs. Discuss the proposed methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

You must:

1. Describe your strategy for developing and implementing longitudinal rotations of residents at FQHC (minimum of 2 months) along with coursework in public health, health management and policy, population and community health and leadership.
2. Explain the strategies that will be implemented to increase the supply and diversity of the preventive medicine residents and faculty at your institution.
3. 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.
4. If applicable, include a plan to disseminate reports, products, and/or project outputs so that key target audiences receive the project information.
5. Provide a training table as **Attachment 5** that includes:
 - a. the total number of preventive medicine resident slots in your program, by specialty;
 - b. the projected number of residents trained by specialty and funded per year by this grant program;
 - c. the projected number of residents by specialty trained, but not supported by this grant program; and
 - d. the projected number of graduates funded by this program for each year of the period of performance.

Example:

Year	Total Number of PM Residents Slots in Program	Total Number of Residents by Specialty Trained and Funded by this Program	Total Number of Residents by Specialty Trained by Specialty and Not Funded by this Program	Projected Number of PM Funded Residents Expected to Graduate
Year 1				
Year 2				
Year 3				

Year 4				
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6. Describe any key partner programs, departments, and organizations involved in the project and how you will function and coordinate carrying out the grant activities. Specifically describe rotations with governmental public health agencies and other public health practice partners. Provide letters of agreement, memorandums of understanding, and descriptions of proposed or existing contracts in **Attachment 6**. Attach letters of support in **Attachment 7**.

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

1. Describe the challenges you may encounter in achieving the program specific requirements including having residents in place during the first budget year.
2. Describe the challenges and obstacles in regard to the program implementation and activities outlined in the work plan, and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives.
3. Describe challenges in locating and providing longitudinal rotations for residents in a FQHC.

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

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

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

1. Describe how project faculty/staff demonstrate the technical capacity to conduct the evaluation of the project including evaluation of outcomes matched to prevailing quality measures.
2. Describe the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and training in a way that allows for accurate and timely reporting of performance outcomes.
3. Describe the plan for program performance evaluation including your plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of

necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted in the SWP.

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

4. Describe the systems and processes that will support your organization's collection of HRSA's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. At the following link, the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Sample data points that you may be required to collect include—but are not limited to—the following:
 - a. Number, specialty, and demographics of residents for each year of the grant (including, year of birth, gender, ethnicity, and race).
 - b. Number of residents from a disadvantaged background.
 - c. Number of residents from a rural area.
 - d. Number and duration of rotations in FQHCs.
 - e. Number of residents who train in rural, medically underserved communities and in primary care settings.
 - f. Number of curriculum development offerings created by the grant each year of the grant and number of individuals participating in each offering.
5. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
6. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program. Describe your process to track trainees after program

completion/graduation for up to 1 year, to include collection of trainees' NPIs. (Note: Trainees who receive HRSA funds as a result of this award are required to apply for an NPI for the purpose of collecting post-graduation employment demographics).

- *(b) PROJECT SUSTAINABILITY -- [Corresponds to Section V's Review Criterion 3 \(b\)](#)*
 1. Provide a specific sustainability plan for exploring future sources of potential funding for support for the PMR program.
 2. Propose timetable for becoming self-sufficient.
 3. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.
 4. Describe how the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships, tangible next steps for continuing the project activities, and evaluation beyond the duration of the project.
- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- [Corresponds to Section V's Review Criterion 4](#)*

Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.

1. Demonstrate that project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the key personnel biographical sketches and attachments.
2. Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
3. Describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Provide an organizational chart as **Attachment 3**.. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
4. Provide evidence of institutional support such as letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachments 2** (Staffing Plan and Job Description for Key Personnel) and 3 (Project Organizational Chart).

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the

overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

If applicable (i.e., competitions with subawards/subcontracts), each subaward/subcontract requires separate budget information (i.e., line item budget form and budget justification narrative):

Subawards/subcontracts

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

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

iv. **Budget Justification Narrative**

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

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

Resident Support Costs: List tuition/fees/health insurance, stipends, travel, subsistence, other expenses, and the number of residents.

- **Resident costs are to be obligated at the start of an individual resident's training year.** Budget periods for this grant program are expected to be May 1 through April 30. A resident that starts, for example, on July 1, in the middle of an annual budget period, **must** have the full 2 years of trainee costs obligated at that time.
- Combined programs (e.g., Internal Medicine/Preventive Medicine or Family Medicine/Preventive Medicine) may provide stipends proportionally while the resident is in the preventive medicine residency part of the combined program only.
- Applicants must specify in the application when they are supporting combined preventive medicine residency programs and when in the program the preventive medicine training occurs.

Ensure that your budget breakdown separates these resident costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all resident costs.

Infrastructure: List residency program infrastructure and faculty costs, including faculty time and development activities.

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

v. Standardized Work Plan (SWP) Form

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

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.**

You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Accreditation Documentation (Required)

You must provide:

- (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation (ACGME); and
- (2) a letter from the accrediting body that includes the start and expiration dates and next accrediting body review

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

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

Attachment 3: Project Organizational Chart (Required)

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

Attachment 4: Maintenance of Effort Documentation (Required)

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

NON-FEDERAL EXPENDITURES	
FY 2022 (Actual)	FY 2023 (Estimated)
Actual FY 2022 non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated FY 2023 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$ _____	Amount: \$ _____

Attachment 5: Training Charts (Required)

Provide a [training chart](#) (see the Methodology/Approach section)

Attachment 6: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)(As Applicable)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly

describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 7: Letters of Support (As Applicable)

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

Attachments 8–15: Other Relevant Documents.

Include here any other documents that are relevant to the application.

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

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

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

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

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

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

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

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

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

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

4. Submission Dates and Times

Application Due Date

The application due date for applications under this NOFO is *November 21, 2022 at 11:59 p.m.ET*. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See 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 PMR Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$400,000 per year (inclusive of direct **and** indirect costs). Your request for each year of the project period cannot exceed your year one request. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

Grant funds under this notice cannot be used for the following purposes:

If any entity supports residents in dual or combined preventive medicine programs with a primary care specialty such as internal medicine, family medicine, or pediatrics, the **awarded amount must only be used for the preventive medicine residency activities** during time spent in the preventive medicine curriculum.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 R&R Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit..

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

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

V. Application Review Information

1. Review Criteria

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

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

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

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality and extent to which it addresses:

1. The purpose of the proposed project, the program goals, objectives and requirements as indicated in this NOFO. Include the specialty(ies) in preventive medicine for which support is being requested.
2. The need for the preventive medicine physicians proposed to be trained and the institution's training needs for preventive medicine residents.
3. Demographic information on the population being served by the preventive medicine residency program and uses citations to support the data.
4. Training to increase the use of culturally and linguistically appropriate services, and the need to address public health inequities and health disparities and the principles of SDOH throughout the program or curriculum.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(a\) Methodology/Approach](#), [Sub-section \(b\) Work Plan](#) and [Sub-section \(c\) Resolution of Challenges](#)

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

The reviewers will assess the extent to which the application:

1. Describes the activities or steps the applicant will use to achieve each of the objectives proposed during the entire period of performance as identified in the Methodology section.
2. Provides the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
3. Explains how the work plan is appropriate for the program design and how it is specially designed to fit into the overall timeline of grant implementation.
4. Describes how, if funds will be subawarded or expended on contracts, the applicant organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding subrecipient monitoring and management.

5. Describes how the applicant organization will ensure the funds are properly documented, if funds are subawarded or expended on contracts.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(b\) Methodology/Approach](#)

Reviewers will consider the extent to which the application:

1. Describes the overall objectives used in the SWP (specific, measurable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs. The strength of the proposed goals and objectives and their relationship to the identified project.
2. Describes the capability of the applicant organization to address the problem and attain the project objectives.
3. Describes how the proposed project will incorporate public health competencies into primary care through longitudinal experiences at FQHCs. The application should emphasize competencies in and training for practice in rural and underserved areas, including the use of telehealth.
4. Describes the strategy(ies) for developing and implementing longitudinal rotations of residents at FQHC (minimum of 2 months) along with coursework in public health, health management and policy, population and community health and leadership.
5. Describes how the proposed project will develop or enhance the curriculum to incorporate emerging public health crises (disaster and emergency preparedness), health equity, health literacy and SDOH. The application discusses how residents will be able to identify and address these issues faced by the population served by the FQHC(s).
6. Discusses the strategies that will be implemented to increase the supply and diversity of the preventive medicine residents and faculty at the applicant's institution.
7. If applicable, includes a plan to disseminate reports, products, and/or project outputs so that key audiences receive the project information.
8. Provides a training table as **Attachment 5** that includes:
 - a. the total number of preventive medicine resident slots in your program, by specialty;
 - b. the projected number of residents trained by specialty and funded per year by this grant program;
 - c. the projected number of residents by specialty trained, but not supported by this grant program;
 - d. the projected number of graduates funded by this program for each year of the period of performance.

9. The application provides letters of agreement, memorandums of understanding, and descriptions of proposed or existing contracts in **Attachment 6**. Attach letters of support in **Attachment 7**.

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

1. Describes the challenges and obstacles described in regard to the program implementation and activities outlined in the work plan, and demonstrates resources to overcome these challenges for the achievement of the proposed goals and objectives.
2. Describes challenges in locating and providing longitudinal rotations in a FQHC.
3. Describes challenges the applicant organization may encounter in achieving the program specific requirements including having residents in place during the first budget period.
4. Describes proposed solutions to resolve the challenges identified.

Criterion 3: IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

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

The reviewers will assess the extent to which the proposed project will have a public health impact and the project will be effective, if funded. The extent to which the application effectively reports on the measurable outcomes being requested. This includes both internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include the extent to which the application:

1. Supports collection of HRSA's performance measurement requirements for this program.
2. Documents that the project faculty/staff have the technical capacity to conduct the evaluation of the project.
3. Describes the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data.
4. Describes the plan for RCQI for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections.

5. Describes the feasibility and effectiveness of plans for dissemination of project results.
6. Describes how the project results may be national in scope, and how the project activities are replicable and sustainable beyond the federal funding.

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

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

1. Provides a specific sustainability plan for exploring future sources of potential funding for support of the PMR residency.
2. Provides a proposed timetable for becoming self-sufficient.
3. Describes the challenges that are likely to be encountered in sustaining the program and proposed approaches that will be used to resolve the challenges.
4. Describes how the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, and evaluation beyond the duration of the project.

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

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

1. Demonstrates that project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the key personnel biographical sketches and attachments.
2. Outlines the organization's current mission, and structure, by including an organizational chart in **Attachment 3**, relevant experience, and scope of current activities, and describes how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
3. Discusses how the PMR program will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

4. Provides evidence of institutional support such as letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachments 2 (Staffing Plan and Job Description for Key Personnel)** and **3 (Project Organizational Chart)**.
5. Describes the organization's capacity to routinely assess and address the unique needs of target populations served.
6. Succinctly describes the organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.

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

The reviewers will assess the extent to which the application:

1. Demonstrates the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results;
2. The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
3. The extent to which resident stipends and faculty support are reasonable and supportive of the project objectives.

2. Review and Selection Process

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

HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other

support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of May 1, 2023. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights

laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

[Executive Order on Worker Organizing and Empowerment](#)

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

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

The Progress Report has two parts. The first part demonstrates your progress on program-specific goals. You 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 your 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. You should also plan to report on dissemination activities in the annual progress report.

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be

automatically generated and allow you to document progress on activities based on the information submitted in the SWP.

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

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

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

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

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

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an

accounting of expenditures under the project that year. More specific information will be included in the NoA.

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

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

No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

John B. Gazdik
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop10N108D
Rockville, MD 20857
Telephone: (301) 443-6962
Email: jgazdik@hrsa.gov

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

Richard Stahlhut, MD, MPH
Project Officer, Bureau of Health Workforce
Preventive Medicine Residency Program
Telephone: (301)287-0058
Email: PMRProgram@hrsa.gov

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

Grants.gov Contact Center

Phone: 1-800-518-4726 (International callers dial 606-545-5035)

Email: support@grants.gov

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks](#)

[\(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).

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

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

Appendix A: Applicant Page Limit Worksheet

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

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

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	<i>My attachment = ____ pages</i>
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	<i>My attachment = ____ pages</i>
Project/Performance Site Location(s)	Additional Location(s)	<i>My attachment = ____ pages</i>
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	<i>My attachment = ____ pages</i>
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justification	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	8. Project Narrative	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	<i>My attachment = ____ pages</i>

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	11. Equipment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	12. Other Attachments	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 1:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 2:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 3:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 4:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 5	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 6	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 7	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 8	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 9	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 10	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 13	<i>My attachment = ____ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 14	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-004 is 80 pages		My total = ___ pages