

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Bureau of Health Workforce

Division of Nursing and Public Health

Community Health Worker Training Program (CHWTP)

Funding Opportunity Number: HRSA-22-124

Funding Opportunity Type: New

Assistance Listings (AL) Number: 93.516

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: June 14, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: April 14, 2022

MODIFIED May 5, 2022: No Duplication of Funding and Efforts - Eligibility Section III.3 Other; Attachment 10; and Review and Selection Section V.2

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

Authority: 42 U.S.C. § 295 (Section 765 of the Public Health Service Act) and Section 2501 of the American Rescue Plan Act of 2021(Public Law 117-2).

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 listed in [Section VII. Agency Contacts.](#)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the Fiscal Year (FY) 2022 Community Health Worker and Health Support Worker Training Program (CHWTP). The purpose of this program is to expand the public health workforce through the training of new Community Health Workers (CHWs) and health support workers and to extend the knowledge and skills of current CHWs and other health support workers. Through this program, HRSA plans to train 13,000 new and current CHWs and other health support workers to support essential public health services and to focus on experiential training and employment through registered apprenticeships and job placements. The CHWTP aims to increase access to care, improve public health emergency response, and address the public health needs of underserved communities.

Individuals trained through the program will acquire knowledge, skills, and expertise to respond to public health needs and public health emergencies, such as the COVID-19 pandemic, in underserved communities through a network of partnerships.

Funding Opportunity Title:	Community Health Worker Training Program (CHWTP)
Funding Opportunity Number:	HRSA-22-124
Due Date for Applications:	June 14, 2022
Anticipated Total Amount Available:	Approximately: \$226,500,000
Estimated Number and Type of Award(s):	Approximately 75 grants
Estimated Award Amount	Up to \$3,000,000 (Fully-funded at the time of award for use over the three-year period of performance)
Cost Sharing/Match Required:	No
Period of Performance:	September 15, 2022, through September 14, 2025 (3 years)

Eligible Applicants	<p>(A) Health professions schools, including accredited schools or programs of public health, health administration, preventive medicine, or dental public health or schools providing health management programs;</p> <p>(B) Academic health centers;</p> <p>(C) State or local governments including state, local and territorial public health departments; or</p> <p>(D) Any other appropriate public or private non-profit entity such as, but not limited to: community colleges, community health centers, Federally Qualified Health Centers (FQHCs), and community-based organizations, and tribal entities that train public and allied health workers.</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 for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Community Health Worker and Health Support Worker Training Program (CHWTP).

The purpose of the CHWTP is to support projects that will increase the number of Community Health Workers (CHWs) and Health Support Workers and equip them with the skillsets needed to provide effective community outreach build trust with communities, support connections to and retention in care and support services, and other strategies to increase access to care and to assist individuals in prevention services, and recovery from the COVID-19 pandemic and other public health emergencies in underserved communities. These combined efforts are intended to advance public health, strengthen the public health workforce, reduce health disparities, and help underserved populations achieve health equity.

Program Goals

- Expand the public health workforce by training new and existing CHWs and health support workers with specialized training and financial support to offset expenses that would impede success in training. The Program's goal is to provide training so that 75% of participants become newly credentialed CHWs and health support workers.
- Extend and upskill the public health workforce by developing new or enhancing existing curriculums to increase the skills and competencies of existing CHWs and health support workers.
- Increase CHW and health support worker employment readiness through field placements and apprenticeships developed in collaboration with a network of partnerships that will enable trainees to respond to and support essential public health services and provide them with employment opportunities.
- Advance health equity and support for underserved communities by increasing the number of CHWs and health support workers that are employed as integral members of integrated care teams that use their expanded skills to reduce health disparities.

Program Objectives

1. Expansion:

- Establish educational training curriculums and recruit, train and enable new CHWs and health support workers candidates to acquire core competencies for CHWs and Public Health certifications that follow state, local, or entity guidelines and support essential public health services.

- Reduce barriers to CHW and health support worker program enrollment and retention by providing eligible trainees with participant support (e.g., tuition/fees, stipends, health insurance, and child care).

2. Extension/Upskilling:

- Provide additional training for current CHWs and health support workers to include the core competencies for Public Health and Essential Public Health Services.
- Develop or enhance trainee curriculum around evidence-based core competencies for public health, including but not limited to emergency response education, prevention, treatment, and vaccine hesitancy research.

3. Employment:

- Implement hands-on CHW and health support worker integrated training through community-based partnerships that provide field placements in underserved communities.
- Provide job placement services and on-the-job experiential training to new CHWs and health support workers through Department of Labor or state/local registered apprenticeship programs.

4. Health Equity:

- Address critical gaps in public health and community needs that can be filled by CHWs health support workers in communities that are disproportionately burdened by COVID-19, health inequities, limited access to technology, and the Social Determinants of Health (SDOH).
- Increase the distribution and diversity of the CHW and health support workers workforce by recruiting, training, or employing, as applicable, individuals who will serve in underserved communities as integral members of integrated care teams.

Promoting equity is essential to the Department’s mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985, “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” (Jan. 20, 2021).

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. This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [HHS Provider Obligations](#), [HHS Nondiscrimination Notice](#), and [Section VIII. Other Information](#) for further details.

HRSA's Bureau of Health Workforce is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed.

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

General Emergency Preparedness Statement

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

2. Background

The CHWTP is authorized by Section 765 of the Public Health Service Act (42 U.S.C. § 295) and Section 2501 of the American Rescue Plan Act of 2021 (P.L. 117-2).

The current COVID-19 pandemic has widened health disparities for people that live in underserved communities that are often economically and medically under-resourced and/or geographically isolated. Underserved communities tend to have more people living with chronic health conditions which can predispose individuals to frequent or more severe bouts of illness¹ and/or COVID-19-related morbidity and mortality.² While the reasons for these poor health outcomes vary, a constant is that access to care and resources are limited while needs remain great.

The social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They include economic stability, education access and quality, health care access and quality, neighborhood

¹ HealthyPeople.gov, [online]. Available: October 20,2021 <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty>

² MMWR / April 9, 2021 / Vol. 70 / No. 14, US Department of Health and Human Services/Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report. <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7024a4-H.pdf>

and built environment, and social and community context.³ A number of recent studies have recognized that only about 20 percent of health outcomes are attributed to clinical care, while SDOH account for an estimated 80 percent of overall health outcomes.⁴ Therefore, addressing the SDOH can improve health equity and population health outcomes and, by virtue of their role, CHWs and health support workers are well-suited to address these factors that influence health outcomes.

The American Public Health Association (APHA) defines CHWs as frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served.⁵ This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.⁶ Since the onset of the COVID-19 pandemic, CHWs have proven to be an essential element of the response to the disease by implementing vaccine outreach and through proactive community education and engagement.⁷ Because of their close community connections, CHWs are often able to succeed where clinicians might fail in connecting with hard-to-reach populations. Their outreach efforts can improve health equity for individuals in underserved areas by building on their community trust to encourage individuals to seek care and stay connected to treatment or adopting preventive health behaviors that result in better health outcomes.⁸ CHWs have the capacity to strengthen communities' connections to health care providers and community trust in health care information, and potentially improve health outcomes by connecting at-risk individuals to local resources, social supports, care coordination, and home and community-based services.^{9,10}

³ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved December 10, 2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

⁴ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

⁵ "Community Health Workers." American Public Health Association. Downloaded October 17, 2021 <https://www.apha.org/apha-communities/member-sections/community-health-workers>

⁶ "Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing." American Public Health Association (APHA) Policy Statements and Advocacy, Nov 18, 2014, Downloaded December 10, 2021 from <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2015/01/28/14/15/Support-for-Community-Health-Worker-Leadership>

⁷ Peretz, Patricia J., et al. "Community Health Workers and Covid-19 - Addressing Social Determinants of Health in Times of Crisis and Beyond: NEJM." *New England Journal of Medicine*, 10 Mar. 2021.

⁸ Kim, K., Choi, J. S., Choi, E., Nieman, C. L., Joo, J. H., Lin, F. R., Gitlin, L. N., & Han, H. R. (2016). Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review. *American journal of public health*, 106(4), e3–e28. <https://doi.org/10.2105/AJPH.2015.302987>

⁹ Lee, L. K., Ruano, E., Fernández, P., Ortega, S., Lucas, C., & Joachim-Célestin, M. (2021). Workforce Readiness Training: A Comprehensive Training Model That Equips Community Health Workers to Work at the Top of Their Practice and Profession. *Frontiers in public health*, 9, 673208. <https://doi.org/10.3389/fpubh.2021.673208>

¹⁰ Bhatt, J., & Bathija, P. (2018). Ensuring Access to Quality Health Care in Vulnerable Communities. *Academic medicine : journal of the Association of American Medical Colleges*, 93(9), 1271–1275. <https://doi.org/10.1097/ACM.0000000000002254>

As members of integrated teams in primary care, public health departments, hospitals or community health centers, CHWs act as outreach workers or patient navigators who can facilitate individuals connection to care, facilitate patient follow-up, completing medical insurance applications, addressing food insecurity, transportation and housing issues, health literacy, and providing informal counseling and emotional support.¹¹ In predominantly Hispanic communities where language barriers can be a significant impediment to care, CHWs are known as “promotores,” or “promotoras de salud,” often working with faith-based or community-based organizations to provide health education and connect communities to health resources, often speaking the language of the communities served and understanding the culture of the communities they serve.¹² Research studies show that promotoras de salud programs are vital partners in improving the health of Hispanic families and their communities.¹³

Health support workers are trained lay persons that work in tandem with licensed health care professionals to provide a mixture of basic health care patient services in settings such as hospitals, health clinics, schools, physician offices, nursing care facilities, and patient homes. In behavioral health settings, support workers can include peer support counselors/ mentors, outreach workers, social services aides, and substance use disorder recovery coaches. In these roles, individuals perform a variety of preventive health promotion activities, including health care education and helping patients access care and resources according to their individual needs. Behavioral/peer support specialists and CHWs continue to represent an under-utilized segment of the public health workforce^{14,15} and have also been increasingly recognized by federal agencies for their key role in mitigating provider shortages and increasing health care access to underserved minority populations.^{16,17} State regulations, which vary across the country, determine the types of health care services that individuals covered by this announcement can provide and determine the length and type of training that they must have.

¹¹ Payne J, Razi S, Emery K, Quattrone W, Tardif-Douglin M. Integrating Community Health Workers (CHWs) into Health Care Organizations. *J Community Health*. 2017 Oct;42(5):983-990

¹² Centers for Disease Control and Prevention. Promotores de Salud/Community Health Workers <https://www.cdc.gov/minorityhealth/promotores/index.html>

¹³ Johnson, C. M., Sharkey, J. R., Dean, W. R., St John, J. A., & Castillo, M. (2013). Promotoras as research partners to engage health disparity communities. *Journal of the Academy of Nutrition and Dietetics*, 113(5), 638–642. <https://doi.org/10.1016/j.jand.2012.11.014>

¹⁴ Briggs, H.E., Miller, S.E, Briggs, A.C. Enhancing Behavioral Health Workforce in Youth Mental Health through Grand Challenges in Social Work. *Journal of Child and Adolescent Behavior* 2016; 4(1): 270. Available at: <https://www.omicsonline.org/open-access/enhancing-behavioral-health-workforce-in-youth-mental-health-throughgrand-challenges-in-social-work-2375-4494-1000270.php?aid=69568>

¹⁵ Minore B, Jacklin K, Boone M, Cromarty H. Realistic expectations: the changing role of paraprofessional health workers in First Nation communities in Canada. *Educ Health (Abingdon)*. 2009 Aug;22(2):298. Epub 2009 Aug 26. PMID: 20029752.

¹⁶ The Annapolis Coalition on the Behavioral Health Workforce. An Action Plan for Behavioral Health Workforce Development. Cincinnati, OH: Annapolis Coalition 2007.

¹⁷ <https://www.health.mil/Reference-Center/Congressional-Testimonies/2018/09/17/Improving-Access-to-Para-Health-Professional-Extenders>

While the role of the CHW or health support workers is dependent upon the work setting, the integration of CHWs and health support workers into care teams can result in optimal contributions to health systems.¹⁸ CHWs and health support workers can bridge access to care gaps by helping patients obtain internet connected tools and devices by providing hands-on instruction in using this technology to access online resources, learn self-care, and participate in remote office visits as a cost-effective means of continuing follow-up care with their health care provider(s).

Racial and ethnic diversity in the health care workforce, an aspect of organizational cultural competence, can correlate to the delivery of quality care to minority populations. Frequently, CHWs and health support workers face some of the same barriers, such as financial, educational, language and other barriers, as the underserved populations and communities they serve, which can mean that pursuing training may be unaffordable, both due to the direct cost of training programs and the hours and costs associated with participating in training.¹⁹ Individuals from racial and ethnic minority communities continue to disproportionately experience negative health outcomes. Increasing the diversity of the public health workforce is one strategy used at the community and organizational level to improve the quality of care and health outcomes among these populations.²⁰

CHW core competencies support activities that can be applied throughout the continuum of care. CHWs help individuals navigate social and health care systems by linking them to appropriate services and by providing them with specific health information and culturally-sensitive education that gives people the tools to help make informed health choices. Through informal counseling, CHWs offer compassionate support, and as community advocates, they work with multiple local stakeholders to build community capacity.^{21,22}

¹⁸ Hartzler AL, Tuzzio L, Hsu C, Wagner EH. Roles and Functions of Community Health Workers in Primary Care. *Ann Fam Med*. 2018;6(3):240-245. doi:10.1370/afm.2208Manage. 2020 Oct/Dec; 43(4):268-277.: 10.1097/JAC.0000000000000351. PMID: 32858726; PMCID: PMC7461725.

¹⁹ Albritton, E. July 2016, How States Can Fund Community Health Workers through Medicaid to Improve People's Health, Decrease Costs, and Reduce Disparities Publication ID: HE-HST071116 Policy brief, FamiliesUSA.org https://www.google.com/search?rlz=1C1GCEA_enUS941US941&lei=Wj_0YcvED7PN1QGi2YLIC_Q&q=community%20health%20worker%20scholarships&ved=2ahUKewjL2bvdkTX1AhWzZjUKHaKsAJkQsKwBKAJ6BAhMEAM&biw=1366&bih=657&dpr=1

²⁰ Jackson, C. S., & Gracia, J. N. (2014). Addressing health and health-care disparities: the role of a diverse workforce and the social determinants of health. *Public health reports (Washington, D.C.: 1974)*, 129 Suppl 2(Suppl 2), 57–61. <https://doi.org/10.1177/00333549141291S211>

²¹ Brown O, Kangovi S, Wiggins N, Alvarado CS. Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings. *NAM Perspect*. 2020 Mar 9; 2020:10.31478/202003c. doi: 10.31478/202003c. PMID: 34532677; PMCID: PMC8406506.

²² Allen C G, Brownstein N, Satsangi A, Escoffery C (2016) Capacity Building and Training Needs for Community Health Workers Working in Health Care Organizations. *J Community Med Health* 6:403. doi:10.4172/2161-0711.1000403

Program Definitions

A glossary containing general definitions for terms used throughout Bureau of Health Workforce NOFOs can be found in the [Health Workforce Glossary](#). In addition, the following definitions apply to the CHWTP for Fiscal Year 2022:

Apprenticeship: The U.S. Department of Labor defines an apprenticeship as an industry-driven, high-quality career pathway where employers can develop and prepare their future workforce, and individuals can obtain paid work experience, classroom instruction, and a portable, nationally-recognized credential. Note: for the purposes of this grant, this includes state/locally-recognized credentials.

Community Health Worker: A member of the community that is not licensed to practice as a fully-qualified health care professional, who works in association with the local health care system as a frontline agent of change, helping to reduce health disparities in underserved communities.

Core Competencies for Public Health: The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of knowledge and skills for the broad practice of public health, as defined by the 10 Essential Public Health Services (see definition below).

Disparity Impact Statement: A statement applicants are expected to develop using local data (e.g. the CDC Social Vulnerability Index (SVI)) to identify populations at highest risk for health disparities and low health literacy. The Disparity Impact Statement will provide the framework for ongoing monitoring and determining the impact of the CHWTP proposed project. See [Section VIII. Other Information](#) for further details.

Essential Public Health Services: Provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. [See Section VIII. Other information](#) for further details.

Health Equity: 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.²³

Health Support Worker: A person who provides various health promotion services which meet the needs of a particular recipient or community, to whom a particular aspect of a professional task is delegated but who is not licensed to practice as a fully-qualified health care professional. Health support workers include but not limited to patient navigators, health care aids, peer support specialists, health education specialists, doulas, and promotores de salud/promotoras.

Registered Apprenticeship Program: A proven model of apprenticeship that has been validated by the U.S. Department of Labor or a State Apprenticeship Agency. An apprenticeship is a proven approach for preparing workers for jobs while meeting the needs of business for a highly-skilled workforce. It is an employer-driven, “learn-while-you-earn” model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national, state, or local skills standards. See Section VIII. Other Information for further details.

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 \$226,500,000 to be available to fund an estimated 75 recipients. You may apply for up to a ceiling amount of up to \$3,000,000 total cumulative costs, or up to a ceiling amount of \$1,000,000 per year (includes both direct and indirect/facilities and administrative costs). The budget period and period of performance are from September 15, 2022 through September 14, 2025, three (3) years. Awards are fully funded at the outset for use over the period of performance. 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

²³ Executive Office of the President. Executive order 13985: Advancing racial equity and support for underserved communities through the federal government. Washington, DC: The White House, January 20, 2021. Available in the Federal Register at 86 FR 7009.

amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include:

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

(B) academic health centers;

(C) State or local governments, including state, local and territorial public health departments; or

(D) any other appropriate public or private non-profit entity such as but not limited to: community colleges, community health centers, Federally Qualified Health Centers (FQHCs), and community-based organizations, and tribal entities that train public health workers.

In addition to the 50 states, eligible applicants include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities and individuals are not eligible for this HRSA award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Any application that exceeds the ceiling amount of \$3,000,000 (includes both direct and indirect costs) for the entire three-year project period or exceeds the \$1,000,000 per year ceiling
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Beneficiary Eligibility Requirements

Eligible trainees are individuals with a minimum of a high school diploma or GED certificate.

Trainees receiving support from grant funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

Trainees supported by CHWTP receiving financial support, must be enrolled full- or part-time in the school or program receiving the CHWTP grant funding.

Trainees/participants in the apprenticeship programs must have first completed CHW or health support worker training prior to enrollment.

Experiential Training Sites

You must submit agreements and/or contracts with the experiential training sites that meet these criteria specified as [Attachment 3](#).

Registered Apprenticeship Site Partnerships

You must submit a memorandum of understanding/memorandum of agreement with the community-based partner and/or educational organization(s) you will be collaborating with for this project in your application as [Attachment 3](#).

Accreditation/Approval Documentation

Health professions schools and academic health center applicants must be accredited by a nationally-recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government as [Attachment 8](#).

All other eligible entities must be accredited by a nationally recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government as specified by the U.S. Department of Education, or must be approved by the state or local government to provide a CHW, or public health-related health support worker certificate training program. Provide a copy of this documentation submitted as [Attachment 8](#).

If the applicant is already established as a registered apprenticeship site, you must submit official documentation (e.g., certificate of approved registration) from the Department of Labor as [Attachment 8](#).

HRSA may consider any application that fails to attach a copy of the required accreditation or related documentation to be non-responsive and may not consider it for funding under this notice. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of change in status.

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2 (section 797(b) of the Public Health Service (PHS) Act). 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 6](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowable. Separate organizations are those entities that have unique DUNS number or [Unique Entity Identifier](#) (UEI).

For eligible colleges and universities, only one application per campus will be accepted; multiple applications from a single campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings and faculty. Where multiple programs from an institution are interested in applying under this funding notice, you may collaborate across programs to submit a single application.

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.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO, following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project

Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-124 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO.

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

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP) Form, do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-124, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do

not count in the page limit. **It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 70 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-124 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 10: Other Relevant Documents](#).

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

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

Section 319(e) of the PHS Act provides the HHS Secretary 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

All applicants funded under this NOFO will be required to implement the following:

Expansion

1. Recruit and train new CHWs and health support workers with the use of core competencies for CHWs and Public Health focusing on health equity and SDOH;

2. Ensure that at least 75 percent of trainees are in the new CHW and other health support workers training program, and receive employment opportunity training through field placements. Of these, a minimum of 25 percent of the new trainees must be trained through a registered apprenticeship program;
3. Implement training curriculum that include core competencies for CHWs and Public Health and follow state, local, or entity guidelines, support essential public health services and provides a certificate or certification continuing education documentation to confirm completion of training new CHWs and;
4. Provide financial support consistent with grant guidelines (e.g., travel, supplies, tuition/fees, health insurance, etc.) depending on the level of training;
5. Increase the diversity and distribution of the public health workforce by recruiting individuals from the underserved communities they will serve;
6. Develop or enhance trainee curriculum around evidence-based core competences for public health, including emergency response education, prevention, treatment, and vaccine hesitancy research;
7. Establish a network of partnerships by creating new or leveraging existing relationships with entities such as community colleges, public health departments, health care provider sites, an community-based organizations to accomplish program activities; and
8. Provide training on the use of technology and education to increase digital literacy.

Extension/Upskilling

1. Ensure that no more than 25 percent of trainees are in the extension/upskilling CHW and other health support workers training program.
2. Develop and/or enhance trainee curriculum around evidence-based core competencies for public health to include, but not limited to, emergency response education, prevention, treatment, and vaccine hesitancy research, used for the upskilling of current CHWs and health support workers;
3. Provide certificate or continuing education documentation to confirm completion of training and upskilling of current CHWs and other health support worker trainees and;
4. Establish a network of partnerships by creating new or leveraging existing relationships with entities such as: community colleges, public health departments, health care provider sites, and community based organizations to accomplish program activities.

Employment

1. Implement an apprenticeship program that must be registered by the U.S. Department of Labor or a state/local organization;
2. Establish a training curriculum that must include CHW core competencies, and follow state, local, or entity guidelines;²⁴
3. The apprenticeship program will provide didactic training related to health equity and SDOH among patients impacted by COVID-19 and other public health emergencies, and located in underserved communities; topic areas include community education, care coordination, and linkages to care and resources;
4. Implement career development and employment readiness training that will prepare trainees to learn skills and expertise from collaborating partner programs;
5. Provide wraparound support to help trainees overcome barriers to success, such as mentoring and financial support in the form of stipends;
6. Provide job placement services to assist trainees not enrolled in apprenticeship programs in obtaining employment; and
7. Implement strategies to support work environment practices (e.g. policies and procedures) that ensure the resiliency, safety, and well-being of trainees, practicing CHWs, and health support workers.

Data Collection Coordinator

- Each recipient must allocate an appropriate individual to serve as the project's designated data collection coordinator. This individual will work with the Project Director to support and coordinate data collection efforts for the project and serve

²⁴ Core competencies include:

- Patient advocacy skills, defined as assisting patients in obtaining the care they need, and in navigating health and social service systems; and bringing visibility to each patients' needs
- community outreach and engagement;
- Communication skills;
- Promoting healthy lifestyles/Healthy Eating Active living (HEAL);
- Cultural competence and responsiveness;
- Service coordination skills;
- Individual and assessment skills;
- Health insurance basics;
- Teaching skills;
- Organizational skills;
- Community capacity-building;
- Professional conduct and interpersonal skills; and
- Public health

as a liaison between the recipient and any grant sub-contract partners to ensure that the HRSA performance measures and other data collection efforts are captured accurately and in a timely manner for reporting purposes. The recipient shall decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

Performance Measures:

Award recipients must monitor and collect the following performance metrics data for HRSA reporting purposes:

Expansion:

- Number of new CHWs and health support workers trained
- Trainee demographics (race, ethnicity, disadvantaged background)
- Number of CHWs and health support workers enrolled in registered apprenticeship programs
- Number of CHWs and health support workers that have completed the registered apprenticeship program
- Attrition of CHWs and health support workers in registered apprenticeship program
- Curriculum developed with CHW and Public Health core competencies
- Number of patient encounters

Extension/Upskilling

- Number of CHWs and health support workers registered for certificate or certification program
- Attrition of CHWs and health support workers certificate or certification program
- Amount of trainee financial support services provided (stipends, scholarships etc.)
- Number of CHWs and health support workers trained in public health
- Number and type of continuing education courses offered for the upskilling of current CHWs and health support workers

Employment

- Location of post-training employment of new CHWs and health support workers
- Number of CHWs and health support workers trainees trained on public health emergency/pandemic response
- Number of CHW and health support workers trainees who completed registered apprenticeship program and received a certificate
- Number of experiential training/field placement sites
- Field placement/experiential learning setting type

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 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. See [Form Alert](#) in Section IV.1 Application Package. Please use the guidance below.

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- If requesting a funding preference, priority, or special consideration as outlined in Section V. 2. of the program-specific NOFO, indicate here.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. Which of the HHS/HRSA clinical priorities will be addressed by the project, if applicable;
4. How the proposed project will be accomplished (i.e., the "who, what, when, where, why and how" of a project);
5. Funding preference (if requested); and
6. The total funding amount 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
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](#)
You must identify and describe the needs of the target community being supported by the proposed project. You must directly link all aspects of the project to its goals and objectives, including its contribution to improving health equity, access to care, and diversity within the public health workforce. You must describe the following:
 - A Disparity Impact Statement using local data (e.g., the CDC Social Vulnerability Index (SVI))

<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify populations at highest risk for health disparities, low health literacy and infrastructure to receive necessary services in underserved communities;

- The needs and gaps in the current public health CHW and health support worker workforce and a description of the services that will be provided by CHW and health support worker trainees to address the identified needs and gaps;
 - Training curriculum modifications and enhancements needed to incorporate Public Health and CHW core competencies, SDOH, health equity, team-based care, alignment with essential public health services, and job-readiness skills that are necessary for working effectively with underserved populations and communities in response to the current COVID-19 pandemic or other public health emergencies;
 - The network of partnerships with academic, community-based, other federal agencies, and non-traditional community organizations that foster integrated training experiences that will be needed for this project to develop training curriculum and experiential training opportunities including registered apprenticeships; and
 - Target trainee population being supported by this project including but not limited to demographic characteristics, geographic background, and race/ethnicity background
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V’s Review Criteria 2 (a), (b), and (c).*
- (a) *WORK PLAN -- Corresponds to Section V’s [Review Criterion 2 \(a\)](#)*
Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the 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 SWP mandatory form in the Application Package.

The work plan must include:

- A detailed description of the goals of the proposed project; including the subjective, objectives, and reasons for proposing the intervention how they relate to attainment of the goals of the Disparity Impact Statement;
 - How the work plan is appropriate for the program design and how the activities fit into the overall timeline of grant implementation;
 - The responsible entity/entities (i.e., key staff and partners) and collaboration with key stakeholders for carrying out the project;
 - Timeline, deliverables, and key partners required during the award period of performance to address each of the needs described in the [Purpose and Need](#) section;
 - Existing community resources and programs available for the target population;
 - Proposed outcomes, including the number of current and future CHWs and health support workers trained each year in the proposed project;
 - A plan for the recruitment and retention of trainees that will serve in underserved communities including a description of wrap around services and financial support for trainees;
 - A plan for using training and/or learning experiences that address cultural awareness, SDOH, health equity and health literacy;
 - The identification of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the development of the application, and further, the extent to which these contributors address the cultural, ethnic, linguistic and/or geographic diversity of the populations and communities served; and
 - A description of the methods to be used to ensure funds are properly documented for subawards and/or contracts.
- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion 2 \(b\)](#)*

Describe your objectives and proposed activities that will be used to address the needs and requirements of the program, identified in the [Purpose and Need](#) section. You must describe how the objectives link to each of the previously described requirements listed in Section IV. [Program Requirements and Expectations](#).

You must:

- Provide a detailed strategic plan to implement the proposed project to support an underserved community;

- Describe the use of existing or development of effective tools and strategies for ongoing CHW and health support worker training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities;
- Identify strategies, tools and/or activities to address the SDOH, health equity, community and system needs; explain the rationale for proposing specific activities; and present a clear connection between identified system gaps, curriculum modification needs, and the proposed activities;
- Describe training efforts for new and existing CHWs and other health support workers using telehealth, web-based resources, and other technology, as well as promoting digital literacy;
- Include a description of any innovative methods that you will use to address the stated needs and how they meet each of the previously described [Purpose and Need](#) statements and [Program Requirements and Expectations](#) in this NOFO;
- Describe a plan for recruitment of trainees that will serve in underserved communities and plans to provide support services, including the proposed method for selecting and awarding financial support;
- Describe process or method to transition at least 75 percent of new trainees to on-the-job-training through field placements and/or registered apprenticeships. A minimum of 25 percent of the 75 percent must enter into registered apprenticeship programs;
- Describe an emergency preparedness plan, in case of a public health emergency, to ensure continuation of programmatic and training activities;
- Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences;
- Develop and deliver experiential and didactic curriculum that develops competencies in integrated and/or interprofessional teams focusing on public health needs in local communities;
- Train staff, field supervisors, facilitators, and training instructors to create an infrastructure of skills, expertise, and support of integrated teams;
- Discuss the strategies for coordinating training in community-based experiential training sites, including community-based and non-traditional community partners and organizations that serve underserved communities;
- Discuss strategies for identifying registered apprenticeship sites or creating new registered apprenticeship sites, placing trainees in those sites, and identifying preceptors/mentors/liasons to provide assistance to trainees; and
- Submit a logic model for designing and managing the project as [Attachment 1](#).

Logic Models

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 ([Attachment 1](#)) should summarize the connections between the:

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline to be used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and any contingency plans or approaches that you will use to resolve such anticipated challenges as applicable such as:

- Challenges related to program requirements, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., performance measurement data collection requirements);
- Challenges and resolutions related to encouraging collaboration and partnerships with individuals, organizations and groups;
- Obstacles and approaches to ensure trainings offer integrated health equity, SDOH, culturally-competent new or enhanced competencies;
- Challenges and resolutions related to recruiting participants ; and
- Challenges and resolutions related to recruiting, supporting, and training individuals that will serve in underserved communities to

ensure CHW and other health support worker trainees and employers of such individuals receive adequate guidance.

- *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 \(a\)](#)*

The program performance evaluation is used to monitor ongoing processes and the progress towards meeting the goals and objectives of the project. The program performance evaluation must:

- Address how you will monitor ongoing processes and progress toward meeting goals and objectives of the project and attainment of the goals of the Disparity Impact Statement;
- Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and variables to be measured, and expected outcomes of the funded activities;
- Describe how all key evaluative measures will be reported. Evaluation methodology must identify how projects will meet identified needs, including the connection to those identified in the Disparities Impact Statement, and work toward increasing the number of CHWs and health support workers who are able to work in effective integrated team environments;
- 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;
- 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. You may find the required data forms for this program here: <http://bhw.hrsa.gov/grants/reporting/index.html>;
- Describe the data collection strategy you will use to accurately collect, analyze, and track data to measure process and impact/outcomes and explain how the data will be used to inform program development and service delivery;
- Describe your process to track trainees after program completion/graduation for up to 1 year;

- Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles;
- Describe an evaluation and reporting plan that is feasible and effective and includes a plans for dissemination of project results which may be national in scope, and are replicable; and
- Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted as under the SWP Form. Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

In addition, applicants may be asked to provide annual evaluation metrics that include information on the use of funding and an assessment of project implementation, lessons learned, interprofessional provider and patient experience, and possible links to clinical outcomes.

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's [Review Criterion 3 \(b\)](#)* Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to:
 - Highlight strategies, collaborations or services and interventions, which have been effective in improving training practices and those that have led to improved outcomes for the target population;
 - Obtain future sources of potential funding;
 - 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;
 - Demonstrate a commitment to support, to the extent possible, the activities implemented through this funding opportunity beyond the period of federal funding – including: improving care access in underserved communities, and efforts to strengthen professional development opportunities, curricula, and partnerships;

- Expand, diversify, and sustain CHW and health support worker implementation efforts, including funding;
 - Resolve challenges that are likely to be encountered in sustaining the program and approaches.
- **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. (A project organizational chart is requested in Section IV.2.v. / vi. ([Attachment 4 Project Organizational Chart](#));
 - Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, scope of current activities, and describe how these elements all contribute to the organization's ability to complete operations, and provide the oversight necessary to implement the program requirements and meet program expectations;
 - 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; and

Capabilities of the Applicant Organization:

- Provide evidence of the financial capability and organizational commitment needed to operate the project;
- Describe how the designated *Data Collection Coordinator* will help to support the success of the project and the collection of HRSA performance measures;
- Provide a letter(s) of support from the President or CEO of the applicant organization or other higher level official that demonstrates the entity's commitment to the project ([Attachment 9](#));
- Provide a letter of intent from each partner organization or department, internal and external, involved in your proposed project; include letters of intent as [Attachment 9](#);
- Include an emergency preparedness plan to continue grant activities in the event of a public health emergency.

Key Personnel

Project Director Qualification: Identify one Project Director, preferably an individual with experience working as a Community Health Worker or health support worker, or an individual who has had direct experience in managing a CHW or public health support worker program. NOTE: There may be **only one** Project Director for the CHWTP project.

Data Collection Coordinator: Identify a Data Collection Coordinator to support and coordinate data collection efforts for the project and serve as a liaison between the recipient and any grant partners to ensure that the HRSA performance measures and other data collection efforts are captured accurately and in a timely manner for reporting purposes.

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 Community Health Worker and/or health support worker experience, or direct experience in managing a CHW or public health program(s) and the 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
- Lived experience, if applicable
- Community health worker experience, if applicable
- Education/training - beginning with baccalaureate or other initial professional education 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.

The project will be fully funded at the outset for use over the period of performance. Therefore, the SF-424 Research and Related (R&R) budget form must reflect a single budget period of three years. See additional instructions under budget justification.

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.

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other

extramural mechanism, at a rate in excess of Executive Level II. Effective January 2022, the Executive Level II salary increased from \$199,300 to **\$203,700**. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Justification Narrative

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

Although there is only one SF 424 R&R budget form required for the entire period of performance, applicants must submit individual budgets for each 12-month increment of activity for funding requested at the time of application. This yearly breakdown must be included in the budget justification narrative ONLY. Each year must be clear and concise, with totals for each section that aligns with the SF-424 R&R budget form and MUST include a total requested per year.

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

In addition, the CHWTP requires the following:

Trainee Financial Support

Participant/Trainee Support Costs: Participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, child care, 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.

Participant/Trainee support shall account for **60 percent of the total annual budget**, and 40 percent of the budget will be allocated to all other program administrative and management costs, including indirect.

Trainees enrolled in a full-time expansion and/or upskilling program may receive up to \$7,500 in participant/trainee support (e.g., travel, supplies, tuition/fees, health insurance etc.) while in the training program not to exceed 12 months. Part-time (at least 50% or half-time) may be prorated up to \$3,750 per 12 months, not to exceed 24 months

- **Apprenticeship trainees** may receive a stipend only of up to \$7,500 per year for up to 24 months while engaged full-time in on-the-job training to help defray the cost-of living while in training.

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

v. Standardized Work Plan (SWP Form)

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

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

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement, and or proof of non-profit status or existing registered apprenticeship program (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Logic Model (Required)

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

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

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

Attachment 4: Project Organizational Chart (Required)

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

Attachment 5: Tables, Charts, etc. (As applicable)

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: 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	
<p>FY 2021 (Actual)</p> <p>Actual FY 2021 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p>FY 2022 (Estimated)</p> <p>Estimated FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Attachment 7: Request for Funding Preference (As applicable)

To receive a funding preference, include a statement that you are applying for a funding preference and identify areas for the preference. Include documentation of this qualification as Attachment 7.

Attachment 8: Accreditation/Approval Documentation (Required)

Health professions schools and academic health center applicants must provide a copy of their active national accreditation or active approval from state government:

Certificate training program applicants must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education, or must be approved by the state/local government to provide a CHW or health support worker certificate training program. Applicants must provide a copy of their active accreditation or active approval from state government as specified by the U.S. Department of Education, or must provide a copy of the document showing that they are approved by the state/local government to provide a CHW, or certificate training program. Provide a copy of this documentation submitted as Attachment 8. Registered apprenticeship sites must submit official documentation (e.g., certificate of approved registration) from the Department of Labor or documentation of State/Local government approval

Attachment 9: Letters of Support and Intent (Required)

Provide a letter of intent for each organization or department included in the network of partnerships. Letters of intent 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.).

Provide a letter of support from someone who holds the authority to speak for the applicant organization (CEO, Chair, etc.). The letter must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project.

Attachment 10: Include HRSA-22-117 and/or HRSA-22-122 Abstract, (if applicable) (Does not count against the page limit)

Include the Abstract(s) from your HRSA-22-117 application and/or HRSA-22-122 – Public Health Scholarship Program application. The Abstracts will be reviewed by HRSA staff to ensure no duplication of funding or activities proposed under this application.

Attachment 11: Other Relevant Documents (As applicable)

For applicants that wish to explain further about debarment, suspension, ineligibility issues, submit comments as Attachment 10.

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

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](https://sam.gov)), will replace the *Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

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

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 14, 2022 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The CHWTP 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 apply for a ceiling amount of up to \$3,000,000 total cumulative costs, or a ceiling amount of up to \$1,000,000 per year (includes both direct and indirect/facilities and administrative costs). The budget period and period of performance are from September 15, 2022 through September 14, 2025, three (3) years. Awards are fully funded at the outset for use over the period of performance.

Awards for this program will be forward funded. Award recipients are expected to make satisfactory progress in meeting the project's objectives and a determination that continued funding would be in the best interest of the Federal Government.

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

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds may not be used for the following purposes:

- a. Subsidies or paid release time for project faculty
- b. Payment of temporary personnel replacement costs for the time faculty/preceptors/participants are away from usual worksite during involvement in project activities
- c. Laboratories
- d. Foreign travel
- e. Accreditation, credentialing, licensing, certification exam/licensing fees, and franchise fees and expenses
- f. Pre-admission costs, including college entrance exam costs
- g. Major Construction and alterations

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, statutory limits on executive salaries, . Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

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

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

Five review criteria are used to review and rank the CHWTP 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](#)

Reviewers will consider the quality and extent to which the application addresses:

- Significant gaps and needs in the current CHW and health support worker public health workforce in the local community and the services provided by trainees to address the identified needs and gaps;
- Gaps in current CHW and health support worker curriculum and experiential training and the enhancements and or modifications needed to achieve project goals and objectives and align with essential public health services;
- The health equity and disparities with the development of a Disparity Impact Statement using local data (e.g., the CDC SVI <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify populations at highest risk for health disparities and low health literacy. The Disparity Impact Statement will provide the framework for ongoing monitoring and determining the impact of the CHWTP;
- A network of partnerships that will be needed for this project to develop and implement on-the-job training and potential employment opportunities through field placements and registered apprenticeships;
- The trainees being supported by this project are described including but not limited to demographic characteristics, geographic background, and race/ethnicity background and their needs;
- The program's ability to recruit individuals that will serve in underserved communities;

- The project's potential benefits to the targeted underserved community or communities served by the project and discusses the socio-economic and cultural determinants of health, health disparities, and technological barriers to accessing care impacting the targeted populations whose needs are unmet; and
- Demographic data to effectively support the information provided.

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

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

Reviewers will consider the extent to which the application:

- Details a comprehensive plan to ensure successful implementation of the project;
- Provides detailed activities to achieve goals and objectives of the project including the attainment of the Disparities Impact Statement; the description should include timeline, stakeholders, and a description of the cultural, ethnic, linguistic, and geographic diversity of the populations and communities served;
- Identifies responsible entity/entities (i.e., key staff and partners) and collaboration with key stakeholders for carrying out the project;
- Describes timeline, deliverables, and key partners/stakeholders required during the award period of performance to address each of the needs described in the Purpose and Need section;
- Describes existing and or intended partnerships and their abilities to assist with a community resources and programs available for the target population;
- Describes a detailed plan to address SDOH and health equity in the target population and community as described in the purpose and need;
- Includes outcomes, including the number of current and new CHWs and health support workers trained each year in the proposed project;
- Describes the plan for the recruitment and retention of trainees that will serve in underserved communities and support services and financial support provided;
- Describes how the program will implement training and/or learning experiences that include the Public Health and CHW core competencies, address cultural awareness, SDOH and health equity in the target population and community and align with essential public health services;

- Discusses the type of support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the development of the application;
- Describes existing and or potential partnerships and their abilities to assist with achieving goals, outcomes and health equity through the implementation of the CHWTP;
- Includes a logic model that illustrates all components of the proposed project, demonstrates that the methodology/approach proposed is sufficient to meet the structural and community-based needs identified in the needs statement, and aligns with HRSA performance measures for the CHWTP ([Attachment 1](#)); and
- Describes how the organization will ensure that the funds used for contracts or subawards are properly documented.

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

Reviewers will consider the extent to which the application:

- Responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section, linking the proposed activities to the goals and objectives of the proposed project;
- Describes a strategic plan for implementing the CHWTP in the targeted community;
- Aligns its approach with the funding opportunity's purpose, goals, and objectives and contributes to the attainment of the goals of the Disparities Impact Statement;
- Provides innovative technological tools, strategies, and/or activities for addressing SDOH needs for the target area;
- Proposes methods and activities capable of addressing the purpose, needs, and attainment of the project objectives including tools and strategies for meeting the stated needs (e.g., ongoing CHW and health support worker training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities);
- Describes CHW curriculum modifications that will meet the program goals and objectives and details a feasible plan for selecting and transitioning at least 75 percent of the program trainees to on-the-job training opportunities via field placements and registered apprenticeships, including a minimum of 25 percent of the 75 percent enrolled into registered apprenticeships;

- Presents a strong plan (including student support services and financial support) for recruiting, retaining, and training CHWs and/ health support workers
- Proposes strategies, tools, and/or activities to address the SDOH, health equity, and community and system needs. Also includes a rationale for proposing specific activities and presents a clear connection between the identified system gaps, needs, and the essential public health services;
- Discusses the strategies for coordinating the integrated training in community-based experiential training sites, including community-based and non-traditional community partners and organizations that serve underserved communities;
- Discusses strategies for identifying registered apprenticeship sites or creating new registered apprenticeship sites, placing trainees in those sites and identifying preceptors/mentors/liaisons to provide assistance to trainees;
- Identifies training efforts for new and existing CHWs and other health support workers in using telehealth, web-based resources, and other technology, as well as promoting digital literacy;
- Includes a strong emergency preparedness plan in case of a public health emergency, to ensure continuation of programmatic and training activities;

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

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

- Challenges and resolutions related to program requirements, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., performance measurement requirements);
- Challenges and resolutions related to encouraging collaboration and partnerships with individuals, organizations and groups;
- Obstacles and approaches to ensure trainings offered integrate health equity, SDOH, culturally-competent, new or enhanced CHW and public health core competencies;
- Challenges and resolutions related to recruiting trainees

- Challenges and resolutions related to recruiting, supporting, and training in individuals in underserved communities to ensure CHW and health support worker trainees and employers receive adequate guidance; and
- Resources and plans to resolve and overcome these challenges and obstacles.

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 program performance evaluation is used to monitor ongoing processes and the progress towards meeting the goals and objectives of the project. The reviewers will consider the extent to which the applicant describes:

- A manner to effectively report on the measurable outcomes for program performance evaluation that includes both the applicant’s internal program performance evaluation plan and HRSA’s required performance measures;
- The overall quality of the impact evaluation plan including its relevance to the Disparities Impact Statement (descriptions of the inputs, key processes, variables to be measured, identify evidenced-based tools, expected outcomes of the funded activities, and how key measures will be reported);
- The proposed project’s impact on the public health workforce and the target communities;
- The evaluative measures used to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project;
- An evaluation plan that 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 data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes;
- The potential obstacles for implementing the program performance evaluation and meeting HRSA’s performance measurement requirements and your plan to address those obstacles;
- Data collected into program operations to ensure continuous quality improvement;

- A feasible and effective evaluation and reporting plan; and
- A plan to obtain participant employment data one year after support from the proposed project.

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

Reviewers will consider the extent to which the application describes a solid plan for project sustainability after the period of federal funding ends, including:

- A plan for challenges that are likely to be encountered in sustaining the program and resources that will be used to resolve such challenges;
- Key elements of your grant project’s training methods or strategies, technologies etc., which have been effective in improving CHW practices;
- The likelihood of obtaining future sources of potential funding;
- The 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);
- Proposed strategies that will be used to leverage collaborations or services and interventions which have been effective in improving CHW and health support worker training practices and those that have led to improved outcomes for the target population;
- Demonstration of commitment to support, to the extent possible, the activities implemented through this funding opportunity beyond the period of federal funding – including: recruitment of CHWs and health support worker trainees, improving care access in underserved communities, and efforts to strengthen professional development opportunities, curricula, and partnerships;
- Proposed strategies to expand, diversify, and sustain CHWTP implementation efforts, including funding;
- A description of actions to maintain relationships between organizations, community-based and non-traditional community organizations, experiential training sites, registered apprenticeships, and other collaborative and interprofessional partners;
- The challenges that are likely to be encountered in identifying and sustaining apprenticeship sites; and

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

Reviewers will consider the extent to which the application demonstrates:

- The ability of your organization to meet the program goals and objectives and meet program expectations;
- That the Project Director, Data Collection Coordinator, and other personnel included in the staffing plan ([Attachment 2](#)) are qualified by training and/or experience and can dedicate the required time on the project to ensure success;
- The financial capability and organizational commitment, from partnering organizations, (i.e., MOUs) in place to operate the project ([Attachment 3](#));
- The capability and commitment of the administration, management, and/or governing board, to provide the operational oversight necessary to implement integrated services and curriculum enhancements demonstrated in the organizational chart ([Attachment 4](#));
- The organizational commitment to promoting a workforce that addresses the needs of the population served and providing evidence of recruitment, retention, and training efforts to that end; and
- The ability to implement emergency preparedness plan to continue grant activities in the event of a public health emergency.

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

Reviewers will evaluate the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the training activities, and the anticipated results. Reviewers will consider the extent to which:

- The costs, outlined in the budget and required resources sections, are reasonable given the scope of work;
- The key personnel have adequate time devoted to the project to achieve project objectives; and
- The participant/trainee support costs are reasonable, in compliance with the NOFO program requirement guidelines for trainee financial support allotments, and budget items are properly documented with a narrative description, includes an itemized cost breakdown, and are aligned with 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.

NO DUPLICATION OF FUNDING AND EFFORTS: HRSA has several funding opportunities that support the Public Health Workforce, e.g., HRSA-22-117-Rural Public Health Workforce Training Network Program through the Federal Office of Rural Health Policy (FORHP), HRSA-22-122 –Public Health Scholarship Program. To ensure no duplication of funding and efforts, HRSA may choose to support one or more proposal from a single entity only if the activities proposed are demonstrably different and distinct from one another. If not demonstrated, HRSA may choose to not fund the application and need to fund out of rank order.

Funding Preferences

This program provides a funding preference for some applicants as authorized by Title VII Section 765(c) of the PHS Act (42 U.S.C. § 295a(c)) which states “The Secretary may grant preference to entities that serve individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities), and graduate large proportions of individuals who serve in underserved communities”.

Applicants receiving the funding preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference and will grant it to any qualified applicant that demonstrates they meet the criteria for the funding preference as follows:

Part 1 of 2: Entities that serve individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities).

To meet qualification 1, an applicant can meet the preference by demonstrating to HRSA that they are training individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities) to join the public health workforce in the selected community. The purpose of the CHWTP is to expand the public health workforce through the training of new CHWs and health support workers and to extend the knowledge and skills of current CHWs and health support workers. Implementing the preference in this way will further the program purpose and serve the individuals being trained under this program who might not otherwise have an opportunity to pursue public health workforce training.

Eligibility confirmation can be obtained by providing documentation demonstrating that at least 50 percent or more of your program/institution/organization trainees over the past two years (2019-2020 and 2020-2021) came from disadvantaged backgrounds (e.g. environmental, economical, or educational per HRSA glossary definitions).

To calculate the proportion of trainees from disadvantaged backgrounds (including underrepresented racial and ethnic minorities): Take the total number of trainees served by your program/institution/organization that come from disadvantaged backgrounds (including underrepresented racial and ethnic minorities) during 2019-2020 plus 2020-2021 and divide this number by the total number of trainees served by your program during 2019-2020 plus 2020-2021, then multiply this number by 100. Use this table format to document your data, and submit this table of information as [Attachment 7](#).

Number of trainees that are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities) <i>(Numerator)</i> <i>Do not include names</i>	Total number of all trainees served by your program(s) <i>(Denominator)</i> <i>Do not include names</i>	Percentage of trainees from disadvantaged backgrounds (including underrepresented racial and ethnic minorities) <i>2019 through 2021</i> <i>Do not include names</i>
2019-2020 N =	2019-2020 N =	%
2020-2021 N =	2020-2021 N =	
Total =	Total =	

AND

Part 2 of 2: Graduate/Complete training for large proportions of individuals who serve in medically underserved communities.

In addition to meeting Part 1, applicants are eligible to receive the funding preference if they can provide documentation that over the past two years (2019-2020 and 2020-2021) 50 percent or more of their program completers/graduates practiced in federally-designated Medically Underserved Areas (MUAs), Medically Underserved Communities, or HPSAs, or served Medically Underserved Populations (MUPs).

Eligibility confirmation can be obtained by using the following link to document the address or addresses used to determine your graduates/program completer’s service in medically underserved communities: <https://data.hrsa.gov/tools/shortage-area> .

You must provide a copy of the output from the Shortage Designation Advisor that indicates which type of federal designation (e.g., MUC, MUA, HPSA, MUP) it falls under that matches the address or addresses you provide.

Instructions to calculate this percentage: List the total number of graduates/program completers employed in medically underserved communities during 2019-2020 plus

2020-2021(including the addresses) divided by the total number of graduates/program completers in 2019-2020 plus 2020-2021, multiplied by 100.

Total Number of graduates/program completers employed in MUCs	Total Number of all graduates/program completers	Employment Setting Address(s)	Federal Designation Type
AY 2019-2020 N=	AY 2019-2020 N=		
AY 2020-2021 N=	AY 2020-2021 N=		

Submit this information along with the copy of the federal designation by address as [Attachment 7](#).

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity,

business ethics, and record of performance under federal awards when completing the review of risk as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 15, 2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

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

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious non-discrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, non-exclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal

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

3. Reporting

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

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

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

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

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

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

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

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

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

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
 - 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) **Other Required Reports.** Award recipients may be asked to submit additional quantitative data and brief narratives to capture project progress such hiring process, individuals directly assisted, and characteristics of those individuals.

- 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](#).

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:

Nandini Assar, PhD
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Phone : (301) 443-4920
Email: nassar@hrsa.gov

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

Marian Smithey MS, RN, Nurse Consultant, Project Officer
Division of Nursing and Public Health
Attn: CHWTP
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room Mailstop 11N-128A
Rockville, MD 20857
Telephone: (301) 443-3831
Email: MSmithey@hrsa.gov

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

Grants.gov Contact Center

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

Email: support@grants.gov

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

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

HRSA Contact Center

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

TTY: (877) 897-9910

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

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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

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

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

Core Competencies for Public Health

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of knowledge and skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. The Core Competencies reflect foundational or crosscutting knowledge and skills for professionals engaging in the practice, education, and research of public health. These competencies provide a framework for workforce development planning and action. These competency statements are organized into eight domains representing skill areas within public health.

Domain 1: Data Analytics and Assessment Skills

Domain 2: Policy Development and Program Planning Skills

Domain 3: Communication Skills

Domain 4: Health Equity Skills

Domain 5: Community Partnership Skills

Domain 6: Public Health Sciences Skills

Domain 7: Management and Finance Skills

Domain 8: Leadership and Systems Thinking Skills

Essential Public Health Services

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of *all people in all communities*. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

Registered Apprenticeships

To become a registered apprenticeship program or partner with one, please refer to the Department of Labor's apprenticeship toolkit. This toolkit provides helpful steps and resources to start and register an apprenticeship program.

https://www.doleta.gov/oa/employers/apprenticeship_toolkit.pdf