U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Medicine and Dentistry

Primary Care Training and Enhancement:
Residency Training in Primary Care (PCTE-RTPC) Program

Funding Opportunity Number: HRSA-20-008
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.884

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

MODIFIED on November 6, 2019: Section III.3 Eligibility – Multiple Applications; and Section IV.2.iv Budget Justification – Participant Support Costs

Application Due Date: January 24, 2020

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

Issuance Date: October 11, 2019

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Primary Care Training and Enhancement: Residency Training in Primary Care (PCTE-RTPC) Program. The purpose of this program is to enhance accredited residency training programs in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (med-peds) in rural and/or underserved areas, and encourage program graduates to choose primary care careers in these areas. Per PHS Act section 799(a), HRSA is carrying out this strategic workforce supplementation activity to meet the health workforce goal of increasing the distribution of primary care physicians who are ready to practice in and lead the transformation of healthcare systems aimed at improving access, quality of care, and cost effectiveness in rural and/or underserved areas.

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

Funding Opportunity Title:	Primary Care Training and Enhancement: Residency Training in Primary Care Program (PCTE-RTPC)
Funding Opportunity Number:	HRSA-20-008
Due Date for Applications:	January 24, 2020
Anticipated Total Annual Available FY 2020 Funding:	$10,000,000
Estimated Number and Type of Award(s):	Up to 20 grants
Maximum Award Amount:	Up to $500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2025 (Five (5) years)

Eligible Applicants:	Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics ("med-peds"), which for the purposes of this NOFO are programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Primary Care Training and Enhancement: Residency Training in Primary Care (PCTE-RTPC) Program.

Program Purpose
The purpose of this program is to enhance accredited residency training programs in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (med-peds) in rural and/or underserved areas, and encourage program graduates to choose primary care careers in these areas.

This funding also supports the development of rural and/or underserved residency tracks within existing accredited residency programs for family medicine, general internal medicine, general pediatrics and combined internal medicine and pediatrics (med-peds) programs.

For purposes of this NOFO, rural and/or underserved areas are identified by two defined sources:

1. Clinical where rotation site is located in a state has a projected shortage of primary care providers in 2025, using the NCHWA shortage projections for primary care shortage for FY2025 https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf; and/or
3. Clinical rotation site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health.

Program Goal(s)
The overarching goal of this program is to increase the distribution of primary care physicians to rural and/or underserved areas.

Program Objectives

- Grow the primary care physician workforce to meet the needs of rural and/ or underserved areas by strengthening residency training programs in these areas.
- Train residents in interprofessional, team-based care.
- Develop or enhance training to incorporate knowledge, skills and competencies needed to
    - meet the Department of Health and Human Services (HHS) and HRSA priorities that include combatting the opioid crisis, mental health, transforming the workforce by targeting the need, and telehealth; and
    - prepare residents to work and practice in rural and/or underserved areas to improve community health outcomes.
- Recruit, retain, and graduate residents from rural and/or underserved areas.
- Increase the number of residency graduates who choose to practice in rural and/or underserved areas.

- Establish linkages with private sector and safety net health care providers to provide care and improve access to and quality of care in rural and/or underserved areas.
- Develop partnerships with clinical ambulatory sites to provide longitudinal interprofessional learning experiences.
- Develop and provide support for faculty and preceptors development to plan, develop, and operate a program for the training of physicians teaching in community-based settings in rural and/or underserved areas.

HHS Priorities
Applicants are encouraged to address the HHS priorities of combating the opioid crisis and strengthening mental health service access through resident clinical training and scholarly projects.

2. Background

This program is authorized by Section 747(a) (42 U.S.C. § 293k(a)) of the Public Health Service Act.

Primary care physicians are confronted with challenges in their practices that encompass access to subspecialty consultation, patients needing medication assisted treatment (MAT), and continuing professional education to have the most up to date knowledge to treat their patients.[1,2] To address these barriers, physicians are integrating telehealth technologies into their practices across a broad range of health care services, especially in states that serve large rural populations.[3] Several studies have shown that integrating MAT into primary care settings expands access to Opioid Use Disorder treatment.[4] The literature indicates barriers to implementing MAT include a lack of trained primary care providers and long travel times for patients in rural areas.[5,6] In order to increase the number of MAT prescribing providers, it is important to train residents, especially in the rural and underserved areas, where there is already a shortage of primary care

[1] Jones CM, Campopiano M, Baldwin G, McCance-Katz E. National and state treatment need and capacity for opioid agonist medication assisted treatment. Am J Public Health. 2015;105:255-63. (PMID:26066931) doi:10.2105/AJPH.2015; 302664.

[2] James P. Marcin, Ulfat Shaikh and Robin H. Steinhorn, Addressing health disparities in rural communities using telehealth. Pediatric Research Volume 79, Number 1, January 2016.

[3] IBID

[4] Cicero, TJ, Ellis, MS; Surratt HL, Kurtz SP. The changing face of heroin use in the United States; a retrospective analysis of the past 50 years. JAMA Psychiatry, 2014:71:821-6. (PMID. 24871348) doi:10.1001/amapyschiatry. 2014.366).

[5] Chou R, Korthuis PT, Weimer M, Bougatsos C, Blazina I Zakher B, et al. Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings, Annals of Internal Medicine, 2016, Draft technical brief. (Prepared by the Pacific Northwest Evidence-based Practice Center under contract no 2902915000091. Rockville: Agency for Healthcare Research and Quality; 22016.

[6] P. Todd Korthuis, MD, MPH; Denniss McCarty, PhD; Melissa Weimar, DO, MCR; Christina Bougatsos, MPH; Ian Blazina, MPH; Bernadette Zakher, MBBS; Sara Grusing, BS; Beth Devine, PhD, PharmD, MBA; and Roger Chou, MD.

providers.[7] Similarly, training residents in the use of telehealth is vital in addressing the pressing needs of people who live in rural areas and lack access to care.[8]

Twenty percent of the U.S. population reside in rural areas, but only 11.4 percent of physicians are practicing there.[9,10] People living in rural areas represent one of the largest underserved U.S. populations for health care access. People who live in rural areas are more likely to be older, sicker, poorer, have less education, and are more likely to be uninsured than are urban residents.[11] In addition, most of the federally designated physician shortage areas are in rural areas.[12]

To eliminate physician shortages and achieve the goal set by HRSA of a population-to physician ratio of 2,000:1, the supply of physicians would need to be increased by 2,670 in rural areas and 3,970 in urban areas. The average ratio across the United States is 1,485:1. Achieving this ratio for all communities would require nearly 7,000 more rural physicians and nearly 13,500 more inner-city physicians.[13]

Data suggest that medical residents who train in rural settings are two to three times more likely to practice in a rural area.[14,15] More than half of family physicians practice within 100 miles of their family medicine residency program (FMRP) (55 percent) and within the same state (57 percent). This suggests that training in rural and/or underserved areas may be a part of the solution to uneven distribution among primary care physicians.[16]

HRSA is seeking to address the shortage of physicians and improve access to care by targeting clinical training sites in rural and/or underserved areas.

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[7] Increasing Access to Medication-Assisted Treatment of Opioid Abuse in Rural Primary Care Practices. Content last reviewed February 2017. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/ncepcr/primary-care-research/opioids.html.

[8] Telehealth Closes Patient Care Access Gaps in Rural Mississippi, https://patientengagementhit.com/news/telehealth-closes-patient-care-access-gaps-in-rural-mississippi.

[9] http://depts.washington.edu/uwrhrc/uploads/RHRC_FR125_Rosenblatt.pdf

[10] Rural Health Snapshot 2017 (May 2017).

[11] Snyder JE, Jensen M, Nguyen NX, Filice CE, Joynt KE. Defining Rurality in Medicare Administrative Data. Med Care. 2017 Dec;55(12):e164-e169.

[12] Critical Factors for Designing Programs to Increase the Supply and Retention of Rural Primary Care Physicians. Howard K. Rabinowitz, MD; James J. Diamond, PhD; Fred W. Markham, MD; Nina P. Paynter, BS; et al. *JAMA.* 2001;286(9):1041-1048. doi:10.1001/jama.286.9.1041. https://jamanetwork.com/journals/jama/fullarticle/194154

[13] Unequal Distribution of the U.S. Primary Care Workforce**.** Jun 01, 2013 Stephen M. Petterson, PhD; Robert L. Phillips, Jr., MD, MSPH; Andrew W. Bazemore, MD, MPH; Gerald T. Koinis, BA. https://www.graham-center.org/rgc/publications-reports/publications/one-pagers/unequal-distribution-2013.html.

[14] Bowman, RC Penrod, JD. *Family practice residency program and the graduation of rural family physicians.* Family Medicine 1998;30(4):288-92. In Wisconsin Collaborative for Rural Health Care www.https://wcrgme.org/start a rural-training-track/ accessed July 17, 2019.

[15] Patterson, DG, Longenecker, R, Schmitz, D. Skillman, SM, Doescher, MP. Policy brief: training physicians for rural practice: capitalizing on local expertise to strengthen rural primary care. Collaboration of Rural Training Track Technical Assistance Program and WWAMI Rural Health Research Center; 2011.

[16] https://www.shepscenter.unc.edu/project/diffusion-of-physicians-and-access-to-primary-care-the-role-of-person-program-and-place-2/.

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. In addition, the following definitions apply to the PCTE-RTPC Program for Fiscal Year 2020:

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

Interprofessional, team-based care means a group of two or more health care providers from different disciplines, including direct care workers and other caregivers, who work together to meet the needs of a patient population. Work processes and interventions amongst team members are coordinated to provide services and programs to meet the patient's goals. For the purposes of this program, medicine must be one of the professions included in the interprofessional team. (See also "Team Based Care", in the Health Workforce Glossary.)

Health Professional Shortage Areas can be found using the HPSA Find Tool at https://data.hrsa.gov/tools/shortage-area/hpsa-find.

Longitudinal clinical training experience means a long term (e.g., 3 months or longer) clinical experience with a clinical partner, focusing on the care of tribal communities, rural communities, and/or MUCs.

Medication-Assisted Treatment (MAT) certified provider means a health care provider who uses FDA- approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.[17]

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

New Program means any means residency program that has graduated fewer than 3 consecutive classes. Creation of a new track within an existing residency program does not qualify as a new program.

Opioid Use Disorder (OUD) is a problematic pattern of opioid use leading to clinically significant impairment or distress occurring within a 12-month period.

Preceptor means an experienced practitioner who provides supervision during clinical practice and facilitates the application of theory to practice for students and staff learners.

[17] Substance Abuse and Mental Health Services Administration. (n.d.). Medication-Assisted Treatment (MAT). Retrieved May 21, 2019 from https://www.samhsa.gov/medication-assisted-treatment.

Rural means, for purposes of this NOFO, a clinical rotation site located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health.

Rural Residency Programs – are allopathic and osteopathic physician residency training programs that primarily train in rural areas, place residents in rural locations for greater than 50 percent of their training, and focus on producing physicians who will practice in rural communities. A common model is the Rural Training Tracks (RTT).

Rural Track – For purposes of the NOFO, rural track means a clinical rotation(s) in a rural area required by the residency training program of varying durations.

Rural Training Tracks (RTT) – are partnerships between urban and rural clinical settings where the first year of resident training occurs within a larger program in an urban academic medical center and the final two years occur in a rural facility. For Medicare purposes, **RTT programs are separately accredited** rural track programs where residents rotate at rural clinical sites for more than one-half of the duration of the program. CMS's rules and regulations for RTT programs are available at (https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/xml/CFR-2011-title42-vol2-sec413-79.xml).

Substance Use Disorder (SUD) means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

Underserved is identified by two defined sources outlined above in Section I.1 Purpose.

II. Award Information

1. Type of Application and Award

Types of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $10,000,000 to be available annually to fund up to 20 recipients. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The FY 2020 President's Budget does not request funding for this program. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner.

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

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

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

III. Eligibility Information

1. Eligible Applicants

Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics ("med-peds"), which for the purposes of this program are those accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Accreditation
Applicants must provide documentation of accreditation by the ACGME as **Attachment 10**. Documentation must include (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, (2) the dates of initial accreditation and next accrediting body review, (3) the accreditation start and expiration dates, and (4) a web link to the accreditation status. The full letter of accreditation is not required.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $500,000 per year including direct and indirect costs non-responsive and will not consider it for funding under this notice.

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

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

Multiple Applications
NOTE: Multiple applications from an organization with the same DUNS number are not allowable. No more than one application per organization or campus with the same DUNS number will be accepted.

An institution must select and submit an application for only one of the following specialties for any given DUNS number:

- Family medicine or
- General internal medicine or
- General pediatrics or
- combined internal medicine and pediatrics (med-peds).

The applicant may include a request for resources for a branch campus or similar entity as part of their application if the branch campus program or similar enitity has the same residency specialty (ie. family medicine, internal medicine, pediatrics, or med-peds) as the applicant organization, is under the same accreditation as the applicant organization, and has the same DUNS number.

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

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

without the information contained in Table 1 (as depicted in Table 1 in the PURPOSE and NEEDS section) **will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

Resident/Faculty/Preceptor Eligibility Requirements
A resident, faculty member, or preceptor receiving support from grant funds must be a citizen of the United States, a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.

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 notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

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

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

Program-Specific Instructions

Program Requirements

1. Plan, develop and operate a program for the training of residents to practice as primary care physicians in rural and/or underserved areas. This may include development or enhancement of a new training track and/or clinical rotation(s) in rural and/or underserved areas.
2. Demonstrate an ability to recruit and place residents in clinical training sites that provide, interprofessional, team-based care in rural and/ or underserved areas.
3. Develop recruitment and retention strategies which may include, as applicable, targeting medical students from the Medical Student Education (MSE) Program and Primary Care Training and Enhancement (PCTE) Programs that address training of medical students to your residency program. Awardees of MSE and PCTE programs can be found at the https://www.data.hrsa.gov.
4. Provide each resident in the program with dedicated clinical experiences with at least one provider with a DATA-2000 waiver who provides Medication-Assisted Treatment (MAT) services for patients with OUD.

5. Develop a plan to collect post-graduation employment demographics with graduates from residency training programs for at least five (5) years after they complete their residency. Award recipients must require residents to apply for a National Provider Identifier (NPI) number and collect the NPI numbers of residents who receive stipends/traineeship funds. NPI numbers are used by HRSA to track the residents and graduates to determine achievement in meeting program objectives.
6. Provide longitudinal clinical training experience in rural and/or underserved areas for three months or longer.
7. Develop linkages/partnerships with relevant educational and health care entities including private sector and safety net providers including official public health departments to improve access to and quality of care in rural and/or underserved areas and with clinical ambulatory sites to provide longitudinal and interprofessional learning experiences for residents.
8. Provide dedicated clinical experiences to residents in the use of telehealth technology to improve access to health services and improve patient outcomes.
9. Provide information to residents throughout their training program about the National Health Service Corps (NHSC) programs, particularly the Loan Repayment Program, as well as the Indian Health Service (IHS) Loan Repayment Program, and provide guidance and resources to help them locate employment in NHSC approved sites after they graduate.

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

i. *Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

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 clinical priorities will be addressed by the project, if applicable;
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project; and
5. Statement on if the applicant is applying for a funding preference.

The project abstract(s) must be single-spaced and is limited to one page in length.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. The Project Narrative should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project. It must address the goals and purpose of the NOFO and the strategies to be used in attaining the goals and meeting the funding opportunity's purpose.

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

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

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

You must describe the purpose and need for the proposed project, including the following:

1. Shortages and need for additional primary care physicians in the state in which the residency program is located, especially in its rural and/ or underserved areas, and the impact on this need to the areas that your residency program is working to solve. To the extent possible, include data on the demographics, social determinants of health/health disparities faced by, and health care needs of the population served, with a focus on rural and/or underserved areas.
2. Gaps in your residency training program related to telehealth, and the prevention and treatment of opioid and other substance use disorders that will be addressed if the program receives funding through this HRSA program.
3. Need for development or enhancement of a rural and/or underserved track and/or rotation(s) in the areas served by this residency program.
4. Characteristics of existing residency program partners that align with the purposes of this project and need for strengthening of academic and community linkages/partnerships with private sector and safety net providers for development of clinical training sites for residents, preceptor development and retention, and well-trained, culturally competent primary care providers;
5. Longitudinal clinical training experience in rural and/or underserved areas for three months or longer.
6. Number of graduates from AY 17-18 and AY 18-19 that practice primary care in a primary care setting following completion of residency and number of residents from AY 17-18 and AY 18-19 that go on to subspecialty fellowships and type of fellowships depicted in **Attachment 4**;
7. Clinical training site(s) where the residents will train and include the following information depicted in the Table 1 example as **Attachment 5**.

Table 1

Clinical Training Site Name	*Clinical Training Site Address (EXAMPLE: XX Main Street, Town, State, Extended Zip code)*	*Number of Residents by specialty, who will be involved in grant activities*	*Interdisciplinary team-based care setting (Yes/No)*	*Number of trainee hours and weeks/months at training site*	*Clinical training site offers MAT and OUD prevention and treatment services (Yes/No)*	*Clinical training site offers telehealth services (Yes/No)*	*Does state in which clinical training site is located have a projected shortage of primary care providers in 2025, using the NCHWA shortage projections for primary care shortage for FY2025 (Yes/No)*	*Clinical training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP),using the Rural Health Grants Eligibility Analyzer (Yes/No)*
1.								
2.								

- *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).*

In this section, you must provide a comprehensive, detailed work plan that addresses how, through concrete steps, you plan to implement the proposed project in order to achieve the goals of the NOFO and successfully implement the proposed activities identified in the Methodology/Approach section. The work plan must align with and drive the methodology and include the following:

1. Description of the activities or steps, key partners, staff responsible, and timeframes during the five (5) year period of performance. Goals and objectives must be specific, measurable, achievable, realistic, and time framed;
2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and five (5) year period of performance;
3. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and areas served;
4. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management;
5. Description of the frequency and depth of communication planned between partner sites and the main academic institution related to program development, curricular enhancements, and use of Rapid Cycle Quality Improvement (RCQI) methods; and
6. Describe how the program will provide information to residents throughout their program about the NHSC programs, especially the loan repayment program and provide guidance and resources to help their residents and graduates locate employment in NHSC approved sites and HPSAs after they graduate.

A sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

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

In this section, you must describe how you will prepare residents to practice primary care in rural and/or underserved areas. You must also describe your objectives, proposed activities, and strategies, and provide evidence for how your program provides health care services, including telehealth, in settings that provide interdisciplinary, team-based care in rural and/or underserved areas. You must also describe your objectives, proposed activities, and strategies, and provide evidence for how they (1) align with and drive the work plan, (2) incorporate each of the program goals and objectives and expectations of the NOFO; and (3) address the needs in the Purpose and Need section.

You must present the methodologies, strategies, and approaches for steps your program intends to undertake were it to receive a HRSA award through this funding opportunity – including for the following specific activities:

1. Develop and operate a program for the training of medical residents to practice as primary care physicians to provide care in rural and/or underserved areas. This may include development or enhancement of a new training track and/or clinical rotation(s) in rural and/or underserved areas.
2. Demonstrate an ability to recruit and place residents in clinical training sites that provide interprofessional, team-based care in rural and/or underserved areas.
3. Develop recruitment and retention strategies. These may include, as applicable, targeting medical students from the Medical Student Education (MSE) Program and Primary Care Training and Enhancement (PCTE) Programs that address training of medical students to your residency program serving rural and underserved areas. Awardees of MSE and PCTE programs can be found at the https://www.data.hrsa.gov HRSA website.
4. Provide each resident in the program with dedicated clinical experiences with at least one provider with a DATA-2000 waiver who provides Medication-Assisted Treatment (MAT) services for patients with OUD.
5. Develop a plan to collect post-graduation employment demographics with graduates from residency training programs for at least five (5) years after they complete their residency. Award recipients must require residents to apply for a National Provider Identifier (NPI) number and collect the NPI numbers of residents who receive stipends/traineeship funds. NPI numbers are used by HRSA to track the residents and graduates to determine achievement in meeting program objectives.
6. Provide longitudinal clinical training experience in rural and/or underserved areas for three months or longer.
7. Provide dedicated clinical experiences to residents in the use of telehealth technology to improve access to health services and improved patient outcomes.
8. Develop linkages/partnerships with private sector and safety net providers, including official public health departments, to improve access to and quality of care in rural and/or underserved areas, and with clinical ambulatory sites to provide longitudinal interprofessional learning experiences.
9. Provide information to residents throughout their training program about the National Health Service Corps (NHSC) programs, particularly the Loan Repayment Program, as well as the Indian Health Service (IHS) Loan Repayment Program, and provide guidance and resources to help them locate employment in NHSC approved sites and other sites located in HPSAs after they graduate.
10. Develop a logic model for designing and managing the project as **Attachment 8**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
    - Goals of the project (e.g., objectives, reasons for proposing the intervention);
    - 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 staff, budget, other resources);
- Target population (e.g., the individuals to be trained);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

You can find additional information on developing logic models at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

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

In this section, you must discuss challenges that you anticipate encountering in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. This section should include:

1. Challenges related to program goals and objectives, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., program performance evaluation and performance measurement requirements);
2. Challenges to ensuring that longitudinal clinical experiences support the stated curriculum;
3. Challenges related to workforce development, such as recruitment of residents to the PCTE-RTPC program and recruitment and retention of preceptors in rural and/or underserved areas;
4. Obstacles to obtaining clinical training sites that offer telehealth and MAT;
5. Resources and plans to resolve and overcome these challenges and obstacles, and examples of such; and
6. General Challenges related to residents training in rural and/or underserved areas as defined by this NOFO.

- *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)*

  In this section, you must describe your plan for program performance evaluation. A comprehensive evaluation will yield outcome data that both you and HRSA can use throughout the project to ensure the success of the project.

  Program Performance Evaluation: You must provide a Performance Evaluation Plan that will contribute to continuous quality improvement. The plan must include:

  1. How you will monitor ongoing processes and progress toward meeting goals and objectives of the project;
  2. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes and variables to be measured;
  3. Expected outcomes of the funded activities;
  4. Data on current practice location of graduates and their relationship to the location of the residency's clinical training sites.
  5. Description of how all key evaluative measures will be reported and disseminated;
  6. The plan for program performance evaluation. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; evaluation questions; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported; and
  7. Description of the feasibility and effectiveness of plans for replicability of the residency program and dissemination of project results.

  In the Attachments section (IV. 2. v. Attachment, 1), you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

  We encourage applicants to include a plan for evaluating and reporting on graduate outcomes of their residency programs, including post-graduate data for residents who have completed their training at your program; and any improvements in patient access, quality of care, and cost effectiveness, and provider wellness, achieved as a result of your program. You are encouraged to align your outcome measures with existing HRSA performance measures (https://bhw.hrsa.gov/sites/default/files/bhw/grants/performancemeasures/Primary_Care_Training_Enhancement_Program_PTCE.docx), and report outcome and impact findings through public reports, presentations, and/or publications.

Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program. Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI numbers. (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for a NPI number for the purpose of collecting post-graduation employment demographics).

You must include a plan for continuous quality improvement, such as Rapid Cycle Quality Improvement Resource Guide (RCQI), for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting project objectives. Describe how you will implement necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/.

Performance Reporting Plan: All award recipients are required to collect and report the number of individuals who have been directly and indirectly impacted by the award. This data may be collected in the performance reporting forms or in the non-competing continuation report. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. You must describe your capacity to collect and report data including, but not limited to, the following on an annual basis:

1. Training program characteristics;
2. Efforts to enhance recruitment/retention of residents from rural and/or underserved areas, and also those specifically from the areas being served by the program;
3. Number of and demographic characteristics of residents;
4. If applicable, number of medical students recruited from MSE and PCTE programs;
5. The number, types, and characteristics of clinical sites where the residents train;
6. Number of residents trained;
7. Number of graduates from the past two academic years that practice primary care in a primary care setting following completion of residency and number of residents from the past two academic years that go on to subspecialty fellowships and type of fellowships depicted in Attachment 4;
8. Learning activities related to clinical training sites in rural and/or underserved areas as indicated in Table 1– such as number of residents who receive clinical experiences at the same setting over time, , length of the longitudinal experience at any given site, total hours spent at a given setting/site;
9. Characteristics of didactic and clinical instruction at clinical training sites in rural and/or underserved areas;
10. Characteristics of faculty professional development activities and continuing education activities that will promote achievement of PCTE-RTPC Program aims; and
11. Number of preceptors who receive faculty development-related training as a result of this funding opportunity and the nature/type of that preceptor development.

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

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

1. Description of specific actions you will take to highlight key elements of the project which have been effective in training and improving residency programs in rural and/or underserved areas;
2. Future sources of potential funding;
3. Timetable for becoming self-sufficient;
4. Challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges; and
5. Describe how the plan includes sustained key elements of their grant, e.g., training methods or strategies, partnerships which have been effective in improving practices, and tangible next steps for continuing the effort described in the application beyond the duration of the grant period.

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

In this section, succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. You must provide information on your organization's current mission and structure, scope of current activities, leadership and personnel, quality and availability of facilities, and an organizational chart. You must describe how all of these contribute to the ability of the organization to conduct the PCTE-RTPC program goals and objectives and meet program expectations.

You must describe the following:

1. The ability of your organization to conduct the PCTE-RTPC Program goals and objectives and meet program expectations;
2. Organizational/institutional commitment to the promotion of a residency program that is reflective of the population served, and provides evidence of recruitment, development and retention of preceptors, and training efforts in rural and/or underserved areas as defined in this NOFO;
3. Capacity to provide didactic and clinical training to residents, including: identifying gaps and barriers in the training of the primary care workforce, alleviating gaps by linking their training to best practices, improving access to substance use disorder services, if applicable, and other examples of training that can improve health outcomes;
4. Evidence of an adequate staffing plan as **Attachment 1** and project organizational chart as **Attachment 3;**
5. Evidence of institutional support, e.g., letters of agreement and support and resource (commitment to provide financial or in-kind resources, including institutional policy) provided in Attachments 2 and 10; and

6. Evidence that applicant organization places residents in clinical training sites that are in rural and/or underserved areas as defined by this NOFO and, if applicable, provides training in telehealth services, and MAT.
7. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (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 form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with groups that represent 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
- Education/Training – beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the

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

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.		
Narrative Section	**Review Criteria**	**Award Points**
Purpose and Need	(1) Purpose and Need	25
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	35 (a) 15 (b) 15 (c) 5
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	20 (a) 10 (b) 10
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities	10
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.	10
	TOTAL	100

iii. *Budget*

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

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

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

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

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

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

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

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

In addition, the PCTE-RTPC Program requires the following:

Program Evaluation and Impact Costs: You must ensure that you have dedicated sufficient funds in your budget to conduct the required program evaluation and impact as described as outlined in Section V's Review Criterion.

Recruitment Costs: You must ensure that you have dedicated sufficient funds in your budget to recruit medical students, including those from the MSE and PCTE programs, if applicable, as indicated in Section V's Review Criterion.

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, travel, subsistence, housing, and stipends while in rural and/or underserved community rotations, 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.

Note: You may use funds under this notice to provide stipends for medical residents while training in rural and/or underserved areas in settings outside of the awardee institution. Stipends are only allowable for the residency specialty indicated in the application. Applicants must justify how the stipends advance the rural and/or underserved areas training program.

Preceptor Development Costs: For applicants with preceptor support costs, description and the number of preceptors. Ensure that your budget breakdown separates the preceptor costs, and includes a separate sub-total entitled "total preceptor costs."

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

Telehealth Costs: If applicable, provide a clear explanation as to the purpose of the telehealth costs, how the costs were estimated, and the specific use of telehealth in the training of residents and any deliverables.

Subawards/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.

Reminder: Award recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the award recipient with their DUNS number.

v. *Attachments*

Applicants must provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel *(Required)*
See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide* for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts *(As applicable)*
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 3: Project Organizational Chart *(Required)*
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 4: Practice/Fellowship Following Completion of Residency Training *(Required)*
Provide documentation of the number of graduates who work in primary care practice settings following residency training, the number of graduates who pursue fellowship in subspecialties, and the subspecialties in which they're training. The documentation must include the total number of resident graduates for AY 2017-2018 and AY 2018-2019 that practice primary care in a primary care setting following completion of residency divided by the total number of graduate residents for AY 2017-2018 and AY 2018-2019. The document must also indicate the number and percentage of residency graduates that go onto to subspecialty fellowships and type of fellowships for AY 2017-2018 and AY 2018-2019.

Attachment 5: Clinical Training Site Documentation *(Required)*
Provide a description of the experiential training site(s) as depicted in Table 1 in the PURPOSE and NEEDS section, including the number of hours per week per rotation that each resident will participate. Additionally, please provide data from the NCHWA Shortage projections, https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf; and/or HPSA Find Tool and/or Rural Health Grants Eligibility Analyzer using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health that demonstrate the location(s) of your clinical training site(s) meet the qualifications for rural and underserved as defined by this NOFO. All data submitted is subject to verification.

Attachment 6: Maintenance of Effort (MoE) Documentation *(Required)*

NON-FEDERAL EXPENDITURES	
FY2019 (Actual)	FY2020 (Estimated)
Actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 7: Work Plan *(Required)*
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 8: Logic Model *(Required)*
Provide a logic model that presents the conceptual framework for your project. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 9: Documentation of Medically Underserved Community Funding Preference *(As Applicable)*
To receive a funding preference, include a statement that the applicant is eligible for a funding preference, identify the preference, and requested data as outlined in Section V.2 Review and Section Process.

Attachment 10: Documentation of ACGME Accreditation *(Required)*
You must provide (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next accrediting body review, (3) the accreditation start and expiration dates, (4) a web link to the accreditation status. The full letter of accreditation is not required.

Attachment 11: Other Relevant Documents *(As Applicable)*
Include here any other documents that are relevant to the application, including letters of support you wish to share. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment, etc.).

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the

applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

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

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more about this and the current login process for 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 *January 24, 2020 at 11:59 p.m. ET*.

HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

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

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of 5 years, at no more than $500,000 per year (inclusive of direct and indirect costs).

The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

Grant funds may not be used to pay fringe benefits for trainees receiving stipend support, with the exception of health insurance. Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits as classified by the institution for trainees are not allowable costs under this grant.

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

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

Project Director
The Project Director must be a board certified physician, employed by the applicant organization, and dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities. The Project Director is encouraged to have a minimum of three years of experience in the education and training of primary care residents.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The PCTE-RTPC Program has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: *PURPOSE AND NEED (25 points) – Corresponds to Section IV's Purpose and Need*

Reviewers will consider whether you have presented a clear purpose and compelling need for primary care residents training in rural and/or underserved areas.

Criterion 1 (a): Clinical Training Site (9 points)

Describe the characteristics of the existing training sites that align with the proposed projects. Applicants that list at least one clinical training site located in one of the following rural and/or underserved areas (as listed in Table 1, Attachment 5) will receive up to 9 points total if:

1. The data in Table 1, Attachment 5 indicates that the state has a projected shortage of primary care providers in 2025, using the NCHWA shortage projections for primary care shortage for FY2025; (1 point) and/or
2. The data in Table 1, Attachment 5 indicates that at least one clinical training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP). (8 points).

Applicants will receive zero points under (1) above if they fail to include information on the projected shortage of primary care providers in 2025 in their state, or if their state does not have a projected shortage of primary care providers in 2025. Applicants will receive zero points under (2) above if they fail to include the addresses of clinical training sites, or if no clinical training site is located in a rural area as determined by FORHP.

Criterion 1 (b): Practice/Fellowships Following Residency Training (5 points)

Applicants will receive 5 points if you demonstrate that 60 percent of your residents who graduated in AY 2017-2018 and AY 2018-2019 work in primary care practice in a primary care setting following completion of their residency training. Applicants will receive 2 points if you demonstrate that 40 percent to 59 percent of your residents who graduated

in AY 2017-2018 and AY 2018-2019 work in primary care practice in a primary care setting following completion of their residency training.

Applicants must provide documentation of the number of graduates who work in primary care practice settings following residency training and the number of graduates who pursue fellowship in subspecialties. The documentation must include the total number of resident graduates for AY 2017-2018 and AY 2018-2019 that practice primary care in a primary care setting following completion of residency divided by the total number of graduate residents for AY 2017-2018 and AY 2018-2019. The document must also indicate the number and percentage of graduate residents that go onto to subspecialty fellowships and type of fellowships for AY 2017-2018 and AY 2018-2019.

Applicants will receive zero points if you fail to submit the documentation as **Attachment 4**. All data submitted is subject to verification.

Criterion 1(c) Program Purpose and Need (11 points*)* – Applicants will receive up to eleven (11) points based upon the quality, relevance, and extent to which the application demonstrates:

1. How the proposed project will help to address the significant unmet education and training needs of the primary care workforce of the state in which the residency is located and will meet the goals of improving access and health outcomes for rural and/or underserved areas;
2. Unmet education and training needs related to integrated, interdisciplinary team-based didactic and clinical learning experience and exposure to telehealth, and prevention and treatment of opioid and other substance use disorders;
3. Need to develop or enhance a rural track and/or underserved clinical learning sites and clinical rotations;
4. Whether recruitment, development, and retention of preceptors is sufficient to meet the needs of the community, and academic and community partnerships in the proposed project reflect the population served;
5. Recruitment and retention strategies for residents, and if applicable, medical students from the MSE and PCTE programs, into the PCTE-RTPC program;
6. Gaps in applicants' residency training program that will be addressed including a description of the training models, curriculum, rotations, tracks, and other methods related to training and clinical training sites; and
7. Existing residency program and community partnerships to develop clinical training sites, engage in preceptor development and retain culturally competent primary care providers;

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 proposes a work plan that (1) incorporates the program goal and objectives and expectations of the NOFO; (2) addresses the need, expertise, and experience required in the Purpose and Need Section; and (3) provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider the quality and effectiveness of your plans and the extent to which the application demonstrates:

1. Activities, timeframes, and deliverables address and achieve each of the program goals and objectives proposed during the period of performance is documented in the work plan as **Attachment 7;**
2. The adequacy of the staffing plan in **Attachment 1** including qualifications of the project director as required in this NOFO, to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel;
3. An explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the period of performance;
4. Meaningful support and collaboration with key partners required during the period of performance in planning, designing and implementing all activities, including development of the application and, the extent to which these contributors reflect the populations and areas served;
5. How the partners will communicate and coordinate with the main academic institution around project planning, progress, evaluations, and resolutions;
6. The frequency and depth of communication planned between partner sites and the main academic institution related to program development, curricular enhancements, and use of Rapid Cycle Quality Improvement (RCQI) methods; and
7. If applicable, policies and procedures are in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

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 proposes a methodology that (1) aligns with and drives the work plan, (2) incorporates the program goals and objectives and expectations of the NOFO; and (3) addresses the needs in the Purpose

and Need section. Reviewers will consider the extent to which the application demonstrates the methodology, approach, tools, and strategies regarding the following:

1. Project objectives that link to the program purpose and the stated needs, and that these are specific, measurable, achievable, relevant and timely;
2. Feasible and effective plans for training residents in rural and/or underserved areas including longitudinal clinical experiences as required in this NOFO;
3. Key activities to expand or enhance training by the residency program in rural and/or underserved areas;
4. Recruitment and placement of residents in clinical training sites that provide integrated, interprofessional, team-based care in rural and/or underserved areas;
5. How new clinical training sites proposed by the residency program will be prepared to support residents educationally;
6. Recruitment and retention strategies, including, if applicable, those targeting medical students from the MSE and PCTE program participants to the residency program;
7. If applicable, plans to provide residents with dedicated experiences with providers holding a DATA-2000 waiver and who provide Medication-Assisted Treatment (MAT) services for patients with OUD;
8. The residency has longitudinal clinical learning experiences of 3 months or longer duration in rural and/or underserved areas;
9. The linkages among the project elements in the logic model depicted in Attachment 8;
10. How residency program and community partnerships, including official public health departments, develop clinical training sites, engage in preceptor development and retain culturally competent primary care providers;
11. Documents how the project will provide unmet education and training needs related to integrated, interdisciplinary team-based didactic and clinical learning exposure to telehealth, and prevention and treatment of opioid and other substance use disorders; and
12. Describes how the project will recruit, develop, incentivize, and retain preceptors.

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 you demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project, as well as have a strong plan to resolve them proposed, with examples and the resources anticipated to be used, as well as a plan for overcoming any other contingencies that may arise. Reviewers will consider:

1. Challenges and obstacles described in regard to the program implementation and activities outlined in the work plan, and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives;

2. Challenges related to residents training in rural and/or underserved areas as defined by this NOFO;
3. Challenges related to workforce development, such as the recruitment of residents to the residency program, recruitment of residents from rural and underserved areas to the residency program, and the recruitment and retention of preceptors in rural and/or underserved areas;
4. Obstacles to obtaining clinical training sites that offer telehealth and MAT; and
5. Challenges to ensuring that longitudinal clinical experiences support the stated curriculum.

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

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

Reviewers will consider the extent to which the application demonstrates how the applicant will (1) 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; (2) monitor programs and analyze data to identify gaps and outcome impact, and (3) perform continuous quality improvement to the residency program.

Reviewers will consider:

1. The quality of the evaluation plan, demonstrated expertise, experience, the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and the ability to comply with HRSA's performance measurement requirements as described in this NOFO;
2. The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;
3. The quality of the plan including the methodology and proposed approach for using both quantitative and qualitative data efforts to periodically review program outcomes;
4. The feasibility and effectiveness of plans for replicability of the residency program and dissemination of project results; and
5. The extent to which the applicant describes the plan for program performance evaluation. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; evaluation questions; variables to

be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

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

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

1. Whether the plan includes sustained key elements of their grant, e.g., training methods or strategies, partnerships which have been effective in improving practices, and tangible next steps for continuing the effort described in their application beyond the period of performance;
2. How the plan fully describes the project sustainability after the period of federal funding ends;
3. Challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges;
4. Identification of other sources of income and/or future funding initiatives, as well as a timetable for becoming self-sufficient; and
5. Description of specific actions applicant will take to highlight key elements of the project which have been effective in training and improving residency programs in rural and/or underserved areas;

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – ***Corresponds to Section IV's Organizational Information, Resources and Capabilities***

Reviewers will consider the extent to which the application demonstrates that the applicant organization has the organizational mission, structure, resources and capabilities in place to implement and complete the project by the timeframe set in the period of performance to ensure that the program goals and objectives and expectations of the NOFO are met, and has an understanding of potential obstacles and challenges during the design and implementation of the project.

Reviewers will consider:

1. Evidence that the project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments, and that the project director has the required experience, dedicated percentage of time on project and is employed by the applicant organization as required by this NOFO;
2. Evidence of the capacity to provide didactic and clinical training and supervision in integrated, interprofessional, team-based care settings in rural and/or underserved areas including: identifying and alleviating gaps and barriers in the training of the primary care workforce; linking them to best practices; improving access to health, preventive care, and substance use services; improving health outcomes; and examples of such;

3. Evidence that applicant organization places residents in clinical training sites that are in rural and/or underserved areas as defined by this NOFO and provide longitudinal training, telehealth services and MAT;
4. Evidence of an adequate staffing plan including preceptors for residents for the proposed project including the project organizational chart;
5. Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources, including institutional policy) provided in **Attachment 2**;
6. Evidence of the ability of the applicant organization to conduct the PCTE-RTPC program goals and objectives and meet the program expectations; and
7. Evidence that the organizational/institutional commitment to the promotion of a residency program is reflective of the population served, and provides evidence of recruitment, development and retention of preceptors, and training efforts in rural and/or underserved areas as defined in this NOFO.

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

The reviewers will consider the extent to which the proposed budget for each of the budget years of the period of performance is reasonable in relation to the objectives, the complexity of the training activities, and the anticipated results.
Reviewers will consider:

1. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
2. The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and
3. The extent to which trainee stipends, or traineeships are reasonable or other planned costs allocated to support of medical residents learning activities are supportive of the project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply the funding preferences described below in selecting applications for award.

See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

Funding Preferences

This program provides a funding preference for qualified applicants as authorized by Section 791(a)(1) of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. The HRSA staff will determine whether an applicant qualifies for the

funding preference. The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review group.

In order to receive the funding preference, applicants must clearly indicate the funding preference for which they are applying in the Project Abstract and provide supporting documentation in **Attachment 9**. The qualification is evaluated based on the data provided on your residency training program.

Applicants may apply for this NOFO without requesting a funding preference.

The applicant residency program must provide the required data.

Please note: the data must be that of the applicant residency training program.

A total of one funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference via one of the following qualifications:

Qualification 1: High Rate

Qualification 1 has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities.

To qualify for high rate, an applicant must demonstrate that the percentage of graduates placed in practice settings serving medically underserved communities for Academic Year (AY) 2017-2018 and AY 2018-2019 is greater than or equal to fifty (50) percent of all graduates.

For this NOFO, an MUC is defined as a

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

Use the following link to document the federal designation(s) used to determine program graduate's practice in medically underserved communities: https://data.hrsa.gov/.

$$\text{High Rate} = \frac{\text{\# of Graduates in AY17-18 Employed in MUCs} \;\text{Plus}\; \text{\# of Graduates in AY18-19 Employed in MUCs}}{\text{Total \# of Graduates in AY 17-18} \;\text{Plus}\; \text{Total \# of Graduates in AY 18-19}} \times 100$$

Failure to provide all required information will result in not meeting the funding preference.

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

To qualify for Significant Increase, an applicant must demonstrate a twenty five (25) percent increase of placing graduates in medically underserved communities from AY 2017-2018 to AY 2018-2019. Applicants who wish to request funding preference under Qualification 2 must submit as **Attachment 9.**

$$\text{Significant Increase} = \frac{\text{\# of Graduates in AY 18-19 Employed in MUCs}}{\text{Total \# of Graduates in AY 18-19}} \text{ Minus } \frac{\text{\# of Graduates in AY 17-18 Employed in MUCs}}{\text{Total \# of Graduates in AY 17-18}} \times 100$$

Qualification 3: New Program
Qualification 3 is a pathway that permits new residency programs to compete equitably for funding under this section.

New Program means residency program that has graduated/completed less than three classes. New "tracks," such as primary care or rural tracks within existing residency programs DO NOT qualify under either the MUC or the New Training Program funding preference qualification. ACGME Accredited RTTs that have not yet graduated 3 consecutive classes DO qualify as new programs. Programs that have been significantly changed or improved with a new focus also DO NOT qualify for the preference under the New Training Program qualification.

Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 9** documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria: New residency programs as defined above can qualify for the funding preference if they meet **at least four** of the following criteria, and have completed training for less than three consecutive classes:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.

6. Resident assistance, which is linked to service in MUCs, is available to residents through the program. Federal and state resident assistance programs do not qualify.
7. The residency program provides a placement mechanism for helping graduates find positions in MUCs.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA may take into consideration the geographic distribution of awards across the United States and its territories. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

3. Assessment of Risk

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

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

3. Reporting
Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

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

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

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

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

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

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

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

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

Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial

reports must be submitted electronically through the EHBs system. More specific information will be included in the NoA.

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

VII. Agency Contacts

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

Kim Ross, CPA
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10NWH04
Rockville, Maryland 20857
Telephone (301) 443 - 2353
Fax (301) 443 - 6343
E-mail: kross@hrsa.gov

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

Anthony Anyanwu, MD, MHA, MSc
Project Officer
Attn.: HRSA, Bureau of Health Workforce (BHW)
Division of Medicine and Dentistry
5600 Fishers Lane, Room 15N-186B
Rockville, MD 20857
Telephone: (301) 443-8437
E- mail: aanyanwu@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

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

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