

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Teaching Health Center Graduate Medical Education (THCGME) Program

Funding Opportunity Number: HRSA-20-011
Funding Opportunity Types: New and Continuation

Assistance Listings (CFDA) Number 93.530

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: August 30, 2019

*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: June 13, 2019

Kristin Gordon
Project Officer, Division of Medicine and Dentistry
Bureau of Health Workforce, HRSA
Telephone: (301) 443-0337
Email: kgordon@hrsa.gov

Authority: Section 340H of the Public Health Service (PHS) Act [42 U.S.C. 256h], as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Teaching Health Center Graduate Medical Education (THCGME) Program. The THCGME Program provides funding to support the training of residents in new or expanded primary care residency training programs in community-based ambulatory patient care centers. Awards will be made for the following: (1) HRSA-funded filled resident positions at existing HRSA THCGME Programs, and (2) new resident positions at new Teaching Health Centers (THCs). New THCs are applicants that have never received payment under the HRSA THCGME Program for the applicable residency program.

Funding Opportunity Title:	Teaching Health Center Graduate Medical Education (THCGME) Program
Funding Opportunity Number:	HRSA-20-011
Due Date for Applications:	August 30, 2019
Anticipated Total Available Funding:	\$120 million. \$50 million provided initially in FY2020, and the remaining \$70 million in FY2021.
Estimated Number and Type of Award(s):	Up to 61 awards (56 continuation awards, and up to five new awards)
Estimated Award Amount:	Award amounts are formula based, calculated from the number of awarded resident full-time equivalents (FTEs)
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2024 (Four (4) years)
Eligible Applicants:	<p>An eligible entity is a community-based ambulatory patient care center that sponsors the training of an accredited primary care residency program in the following specialties/disciplines:</p> <ul style="list-style-type: none"> • Family Medicine • Internal Medicine • Pediatrics • Internal Medicine-Pediatrics • Obstetrics and Gynecology • Psychiatry • General Dentistry • Pediatric Dentistry • Geriatrics <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

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](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf), 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 technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Teaching Health Center Graduate Medical Education (THCGME) Program.

Program Purpose

The purpose of the THCGME Program is to support the training of residents in new or expanded primary care residency training programs in community-based ambulatory patient care centers. Programs will prepare residents to provide high quality care, particularly in rural and underserved communities, and develop competencies to serve these diverse populations and communities. Two award types are available:

1. Continuation awards will be made for the maintenance of Health Resources and Services Administration (HRSA) filled resident positions at existing HRSA THCGME Programs.
2. New awards will be made to support new resident full-time equivalent (FTE) positions at new Teaching Health Centers (THCs), as funding permits. New THCs are those applicants that have never received payment under the HRSA THCGME Program for the applicable residency program in any previous fiscal year (FY).

Program Goals

To achieve this purpose, the THCGME Program provides support to THCs by providing a per-resident payment established by HRSA inclusive of both Direct Medical Education (DME) and Indirect Medical Education (IME) expenses and support.

Program Objectives

Applicants must support the training of primary care residents in an approved graduate medical residency training program in a community-based setting (See [Program Definitions](#) below).

The sponsoring institution of the residency program, as listed by the relevant accrediting body as defined later in this NOFO, must be the community-based ambulatory patient care center or a Graduate Medical Education (GME) consortium, as defined in [Section III](#) of this NOFO.

All applicants must designate the number of resident FTEs they are requesting support for under this NOFO. Resident FTE requests may not exceed the number approved by the relevant accrediting body and must be made according to the following requirements:

1. **Existing THCs** (Continuation applications) – may request support only for resident FTEs up to the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter. Requested resident FTEs must be

verified in the supporting accreditation documentation in Attachment 6. HRSA will not consider proposals for resident FTE expansions from existing THC's.

- 2. New THC's** (New applications) – must demonstrate that the number of resident FTE(s) being requested is above the program's baseline. The baseline is the highest number of resident FTEs trained by the program in any of the last four (4) academic years (AY 2016-2017 through AY 2019-2020). Training of newly supported THCGME residents must start in AY 2020-2021. You may request support based on the residency program specialty:

Specialty	Maximum FTE Request¹
Family Medicine	12
Internal Medicine	15
Pediatrics	12
Internal Medicine-Pediatrics	12
Obstetrics and Gynecology	12
Psychiatry	12
General Dentistry	4
Pediatric Dentistry	4
Geriatrics	2

Organizations intending to apply for more than one residency program should refer to the information on "Multiple Applicants" in [Section III.3 Eligibility](#).

New THC's that are currently training residents may request resident FTEs up to the maximum FTE request number for the relevant residency program specialty, as detailed in the table above. However, all requests must be above the program's resident FTE baseline, as documented in your Eligible Resident/Fellow FTE Chart (Attachment 5) and must not put the program above the number approved by the relevant accrediting body, as documented in Attachment 6. THCGME funding may not be used to support resident FTE positions below your program's baseline. In addition, resident FTE positions supported by non-THCGME sources of funding may not be substituted with THCGME funds.

Statutory Funding Priorities

This notice includes funding priorities for making awards to new THC's as defined in Section 340H(a)(3) of the PHS Act [42 U.S.C. 256h(a)(3)]. Up to 15 points are available across three (3) funding priorities for applicants that qualify. Applicants are permitted to apply for more than one priority. Applicants for new THC awards may also apply to this announcement without requesting a funding priority. The instructions and criteria for each funding priority are provided in [Section V.2](#).

¹ The "Maximum FTE Request" is the maximum number of FTEs a new THC may request and satisfies the standard minimum number needed to maintain accreditation.

2. Background

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 38,320 FTEs between 2013 and 2025. It is estimated that there will be a shortage of 23,640 primary care physician FTEs by 2025.² The NCHWA also notes that the demand for dentists is projected to grow by 20,400 FTEs – from 197,800 in 2012 to 218,200 in 2025 - a 10 percent increase, and all 50 states and the District of Columbia are projected to experience a shortage of dentists.³ In addition to overall shortages, there is maldistribution of primary care providers with rural and other underserved communities experiencing the greatest shortages.

The THCGME Program was authorized by Section 340H of the PHS Act [42 U.S.C. 256h] in response to the nation’s growing need for primary care services and as a new model for graduate medical education (GME) focused on primary care physician and dentist training in ambulatory care setting. The Medicare Payment Advisory Commission (MedPAC) and other stakeholders have called for increasing the amount of GME time spent in nonhospital settings, making changes to GME funding to advance goals such as increasing community-based care, and increasing the diversity of the pipeline of health professionals.⁴

The THCGME Program aims to strengthen the primary care workforce by supporting medical and dental training programs in primary care, community-based settings with an emphasis on improving the distribution of this health workforce in rural and underserved communities. The program focuses on a different model for resident education than most other federal models of GME, which are predominantly located in large, urban academic medical centers. This model was developed based on evidence showing that family medicine resident physicians who train in health center settings are nearly three times as likely to practice in underserved settings after graduation when compared to residents who did not train in health centers.⁵ There is also evidence that physicians who receive training in community and underserved settings are more likely to practice in similar settings, such as health centers.^{6,7}

² U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. “National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025”. November 2016. Available at: <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf>.

³ U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. “National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025”. February 2015. Available at:

<https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nationalstatelevelprojectionsdentists.pdf>.

⁴ Report to the Congress: Aligning Incentives in Medicare (June 2010). Medicare Payment Advisory Commission. (Available at <http://www.medpac.gov>).

⁵ Morris CG, Johnson B, Kim S, and Chen FM. Training Family Physicians in Community Health Centers: A Health Workforce Solution. *Family Medicine*. 2008; 40(4):271-6.

⁶ Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? *Academic Medicine*. 2013; 88(12): 1934–1940.

⁷ Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. *Academic Medicine*. 2016; 91(9): 1313–1321

The THCGME Program is providing a vital supply line to support the primary care health workforce demand. Since the program began in FY 2010, the THCGME Program has graduated 880 new primary care physicians and dentists. As the national average of physicians going into primary care is approximately 33 percent, the THCGME Program has evidenced much stronger results. Cumulative follow-up data indicates that 64 percent of graduates are currently practicing in a primary setting and approximately 58 percent of the graduating physicians and dentists are currently practicing in a medically underserved community and/or rural setting. In Academic Year 2017-2018, nearly all residents (over 99 percent) received training in a primary care setting, providing care during more than half a million patient encounters and accruing nearly 600,000 contact hours with these primary care patients. Additionally, most THCGME residents (82 percent) spent a significant part of their training in medically underserved and/or rural communities, providing over 950,000 hours of patient care.⁸

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the THCGME Program for Fiscal Year 2020:

Approved graduate medical residency training program means (as defined in section 340H(j)(1) of the PHS Act [42 U.S.C. 256h(j)(1)]) a residency or other postgraduate medical training program: 1) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and 2) that meets criteria for accreditation as established by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the American Dental Association's Commission on Dental Accreditation.

Existing THC means an "approved graduate medical residency training program" as defined in section [340H\(j\)\(1\) of the PHS Act \[42 U.S.C. 256h\(j\)\(1\)\]](#) sponsored by an eligible entity that received a payment under the HRSA THCGME Program for a previous fiscal year.

Full-Time Equivalent (FTE) is the ratio of a resident's time required to fulfill a full-time residency slot for one Academic Year. Multiple individuals' FTE time can sum to equal one full-time resident.

GME consortium means a collaboration between a community-based, ambulatory patient care center and community stakeholders (e.g., academic health centers, universities and/or medical schools, teaching hospitals), to form an entity that serves as the institutional sponsor of, and operates, an accredited primary care residency program. The community-based ambulatory patient care center plays an integral role in

⁸ Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce. THCGME Program Academic Year 2017-2018 Highlights. <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/program-highlights/2018/teaching-health-center-graduate-medical-education-program-2018.pdf>.

the academic, financial, and administrative operations of the residency program, as well as in the academic and clinical aspects of the program including, but not limited to: curriculum development, scheduling of clinical rotations, and selection of staff and residents. The relationship between the THC and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

New THC means a “new approved graduate medical resident training program” as defined in section [340H\(j\)\(2\) of the PHS Act \[42 U.S.C. 256h\(j\)\(2\)\]](#) sponsored by an eligible entity that has not received a payment under the HRSA THCGME Program for a previous fiscal year for the residency training program in consideration.

Reconciliation means the annual process for determining changes to the number of FTEs reported by a THC in its application, compared to its actual use of FTEs during the most recently completed budget period, to determine the final amount payable for both DME and IME. This process is utilized to recoup overpayments pursuant to section 340H(f) of the PHS Act [42 U.S.C. 256h(f)].

Teaching Health Center (THC) means a community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act (section 749A(f)(3) of the PHS Act [42 U.S.C. 293I-1]).

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Continuation

HRSA funding will be provided in the form of a formula-based payment.

2. Summary of Funding

HRSA expects approximately \$120,000,000 to be available annually to fund approximately 61 awards (56 continuation and up to 5 new awards). The period of performance is July 1, 2020 through June 30, 2024 (4 years). Funding beyond FY 2020 is dependent on the availability of appropriated funds for the THCGME Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

The FY 2020 THCGME Program payment is formula-based and provides a payment inclusive of both DME and IME support. The final payment methodology for the THCGME Program has not yet been established. The FY 2020 interim payment rate

will be \$150,000 per resident FTE. In subsequent fiscal years, the payment rate may change due to available appropriations and/or changes in payment methodology.

Reconciliation

All THCGME funding is subject to annual reconciliation (see section 340H(f) of the PHS Act [42 U.S.C. 256h(f)]). During reconciliation, any changes to the number of residents reported by the award recipient will be calculated in order to determine a final amount payable for the budget period.

Awardees are responsible for the accuracy of FTE data submitted to HRSA and may be audited by HRSA to ensure the accuracy and completeness of the information submitted. In addition, Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)] describes the relationship between THCGME Program funding and GME payments made by Medicare and the Children's Hospital Graduate Medical Education (CHGME) program. If a resident FTE's time is submitted to Medicare or the CHGME program for the purposes of receiving payment, the THC cannot also claim that same time for payment from the THCGME Program. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTE positions. Over-reporting of FTEs, including ineligible FTEs, and subsequent over-payment will result in the recoupment of THCGME payments.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must meet all of the following criteria in order to be considered eligible for THCGME funding. Applicants that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

An eligible entity is a **community-based ambulatory patient care center** that:

- i. Operates an accredited primary care residency program. Specific examples of eligible outpatient settings include, but are not limited to:
 - Federally qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. 1396d(l)(2)(B)];
 - Community mental health centers, as defined in section 1861(ff)(3)(B) of the Social Security Act [42 U.S.C. 1395x(ff)(3)(B)];
 - Rural health clinics, as defined in section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)];
 - Health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4

- of the Indian Health Care Improvement Act [25 U.S.C. 1603]); and
- An entity receiving funds under Title X of the PHS Act.

The list of entities above is not exhaustive, but does reflect the intent of the program to provide training in settings such as those served by the institutions listed.

OR

- ii. Has collaborated to form a **GME consortium** that operates an accredited primary care residency program.

In order to satisfy accreditation, academic and administrative responsibilities, a community-based ambulatory patient care center may form a GME consortium with stakeholders (e.g., academic health centers, universities and/or medical schools) where the GME consortium serves as the institutional sponsor of an accredited primary care residency program. The relationship between the community-based ambulatory patient care center and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

Within the consortium, the community-based ambulatory care center is expected to play an integral role in the academic, financial and administrative operations of the residency. THCGME payments must be used primarily to support resident training and clinical activities at the ambulatory training site.

Applicants applying as part of a GME consortium must maintain the consortium throughout the award period of performance. The applicant is the entity that meets the agency's or program's eligibility criteria and has the legal authority to apply and to receive the award. In the event of an organizational change that will affect the training program's financial, academic or operational function or organization, awardees must notify HRSA and submit a prior approval request for the change through HRSA Electronic Handbooks (EHB) system.

B. Eligible Primary Care Residency Programs

Only specific residency training programs are eligible. According to statute (section 340H(j)(3) of the PHS Act [42 U.S.C. 256e(j)(3)]), "primary care residency program" refers to an approved graduate medical education residency training program in:

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry

- Pediatric Dentistry
- Geriatrics

C. Accreditation/Institutional Sponsorship

The eligible community-based ambulatory patient care setting or GME consortium must be accredited in one of the eligible primary care specialties and must be listed as the institutional sponsor by the relevant accrediting body (i.e., the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or the American Dental Association's Commission on Dental Accreditation (CODA). AOA accredited programs converting to ACGME accreditation must have at least ACGME pre-accreditation status at the time of application and be fully ACGME accredited by the project start date.

The applicant **MUST** provide documentation that the residency program is accredited and, if applicable, has ACGME pre-accreditation status. Accreditation documents must indicate the accrediting body, name the residency program's institutional sponsor, and the dates of accreditation for verification purposes (see Attachment 6).

Teaching hospitals and academic institutions holding the institutional sponsorship of a primary care residency program are not eligible to receive THCGME funding. Teaching hospitals and academic institutions have proven to be successful partners of THCs and members of established GME consortia. In these cases, the GME consortium must serve as the institutional sponsor of the residency program.

2. Cost Sharing/Matching

Cost sharing or matching is not required.

3. Other

Ceiling Amount

HRSA may consider any application that exceeds the FTE ceiling amount non-responsive, which could result in it not being considered for funding under this notice.

FTE Expansion Requests

HRSA will not consider proposals for FTE expansions from existing THCs above the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter.

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.

Multiple Applications

NOTE: Multiple applications from an organization are allowable. Entities seeking THCGME funding to support multiple residency programs MUST submit a separate application for each individual residency program. If an entity is submitting multiple applications for different residency programs, please include a unique name for each training program in the project abstract to differentiate between applications.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application for an individual residency program 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.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. 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 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 applications in the English language and in terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project resident FTE request justification 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 limitation. Biographical Sketches **do** count in the page limitation. **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 any of the statements in this certification, an explanation shall be included in Attachment 10: Other Relevant Documents.

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

Program-Specific Instructions

A. Continuation Application Process for Existing THCGME Awardees

In accordance with Section 4 of HRSA's [SF-424 R&R Application Guide](#), existing THCGME awardees are required to submit the following:

1. SF-424 R&R Application Package
2. A project abstract
3. Staffing Plan and Job Descriptions for Key Personnel (Attachment 2)
4. Letters of Agreement from all major training partners, including required formal agreements from hospital partners (Attachment 3)
5. Residency Program Organizational Chart (Attachment 4)
6. Resident FTE chart (Attachment 5)
7. Accreditation documentation, including any potential citations (Attachment 6)
8. THCGME Program Assurances (Attachment 9)

Existing THCs are not required to submit a project narrative, resident FTE request justification, or staffing plan and personnel requirements. Existing THCs remain subject to funding requirements and restrictions.

See Section VI.2.C for a description of the application components that must be submitted by existing THC's. For further description of attachments, see Section IV.2.C.v. Note: Sections marked as "New Applicants Only" do not need to be completed by existing THC's.

B. Application Process for New THCGME Applicants

In accordance with Section 4 of HRSA's [SF-424 R&R Application Guide](#), new THCGME applicants must submit the following:

1. SF-424 R&R Application Package
2. A project abstract
3. A project narrative
4. A resident FTE request justification narrative
5. Work Plan (Attachment 1)
6. Staffing Plan and Job Descriptions for Key Personnel (Attachment 2)
7. Letters of Agreement from all major training partners, including required formal agreements from hospital partners (Attachment 3)
8. Residency Program Organizational Chart (Attachment 4)
9. Resident FTE chart (Attachment 5)
10. Accreditation documentation, including any potential citations (Attachment 6)
11. Request for Funding Priorities – if applicant is requesting funding priorities (Attachment 7)
12. Letters of Support (Attachment 8)
13. THCGME Program Assurances (Attachment 9)

C. THCGME Application Component Descriptions

Applicants must submit the following components to complete their application submission. Sections marked as "All Applicants" must be completed by both existing THC's and new THCGME applicants. Sections marked as "New Applicants only" are only required from new THCGME applicants.

i. Project Abstract – All Applicants

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

The Abstract must include:

1. Name of the training program;
2. Discipline of the residency program;
3. Type of application - new or continuation;
4. Eligible Entity type - state the type of community-based ambulatory patient center type based on Section III, A. Eligible Entities, and whether the community-based ambulatory patient care center operates the residency program alone or as part of a GME consortium;
5. Year program first began training residents;
6. Organization website address;

7. A brief overview of the residency program that includes the name of the accredited sponsoring institution and description of the main primary care training location including populations served;
8. Total FTE positions requested to be funded under this program for all years of training, e.g., 12 (4-4-4) resident FTE; and
9. FTE positions requested to be funded under this program for AY 2020-2021; e.g., 4 (4-0-0).

ii. **Project Narrative – New Applicants Only**

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

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

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

Briefly describe the purpose and mission of the proposed residency program. Describe the population served by the community-based ambulatory patient care site(s) that will host the residency program and the need for primary care providers in your community. You must also state the number of resident FTE(s) you are requesting for THCGME support. Describe how your proposed residency program is expected to improve the workforce and improve health in your community. Provide data where available.

▪ **RESPONSE TO PROGRAM PURPOSE** -- *This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

(a) **WORK PLAN** -- *Corresponds to Section V's Review Criterion #2 (a).*

You must provide a detailed work plan in Attachment 1 that demonstrates your experience implementing a primary care residency program (a sample work plan can be found here:

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>).

You must:

- Describe the timeframes, deliverables, and key partners required during the period of performance to implement the residency program as described in the Methodology section.
- 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 have the necessary competencies to serve the cultural, racial, linguistic and/or geographic diversity of the relevant populations and communities.

- Describe how your organization will ensure the funds are properly documented if funds will be sub-awarded or expended on contracts.

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

Describe your current accreditation status. AOA accredited programs with ACGME pre-accreditation status must describe your progress towards ACGME accreditation and how this will be achieved by the project start date. Describe the steps that you have taken to ensure that your residency program is operational in AY 2020-2021. Provide accreditation documentation in Attachment 6.

Describe your residency program education and training curriculum, including how your program will prepare graduates for careers in primary care in rural and underserved areas. Please highlight any unique aspects of training at the program, and additionally any training in the following areas: high-need communities or populations served by the program, mental health, substance/opioid use disorders, public health, community medicine, rural health, and telehealth.

Describe the clinical capacity of your community-based ambulatory patient care site and training partners to meet accreditation requirements.

Describe your plans to recruit high quality residents who demonstrate a commitment to practice in rural and underserved communities, and to developing competencies to serve diverse populations and communities, as described in the Purpose and Needs section.

For previously existing non-THCGME residency programs, please describe historical program outcomes including your program's graduate retention and placement in Health Professional Shortage Areas (HPSAs), Medically Underserved Communities (MUCs) and/or rural areas.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

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

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

You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Describe any potential obstacles for fulfilling HRSA's performance measurement reporting requirements and your plan to address those obstacles.

Describe your plan to track the practice patterns of graduates for five years following the completion of their residency training.

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

You must provide a clear plan for project sustainability, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; and (b) obtain future sources of potential funding, as needed. Describe any additional sources of funding your residency program has or is expected to receive in the future.

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

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed residency program. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. A residency program organizational chart should be provided in [Section IV.2.v, Attachment 4](#). The organizational chart should clearly identify the sponsoring institution and all relevant partners, including training partners, required for the residency program. Letters of agreement from all major training partners should be included in Attachment 3. Additional letters of support may be submitted in Attachment 8.

If you are collaborating with a hospital for training, you must enumerate the steps that will be taken to ensure that resident FTEs submitted to the THCGME Program will not also result in Medicare GME or CHGME Program payments. The letter of agreement from any hospital partners should clearly delineate the organization's understanding and plan to ensure there is no double payment for the same FTE.

If your organization is applying as part of a **GME consortium** the following information must be included in this section:

- List all members of the GME consortium.
- Describe the community-based ambulatory patient care center's operational and financial responsibilities for the residency program.
- Describe the funding flow between members of the consortium as well as how spending and budgetary decisions are made.
- Describe the roles members play concerning the:
 - Selection of trainees
 - Selection of faculty
 - Development of rotation schedules
 - Development of the curriculum

Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (*optional*) **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Resident FTE Request Justification Narrative (below)	(5) Support Requested.

iii. **Budget**

The THCGME Program is a formula-based payment program that does not require submission of a formal budget. However, a justification for the number of resident FTEs requested by new applicants is required and described below. *Please note that the SF-424 R&R submission package contains budget forms that are required to be submitted. Applicants are advised to put in a “0” for this form and then upload a blank document as an attachment to complete the package.*

iv. **Resident FTE Request Justification Narrative – New Applicants only**

- *Corresponds to Section V’s Review Criterion #5*

The number of resident FTEs requested will determine your THCGME funding amount. You must provide a justification for the number of resident FTEs you are requesting. Describe how the additional FTEs will address the needs of your program and the community your program serves. A strong justification will be supported by data and examples, account for accreditation requirements, and be directly related to the Purpose and Need section.

The resident FTE number requested must be above your program baseline. See [Section I.1. Purpose](#) for details.

v. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. **All attachments count toward the application page limit.** You must clearly label **each attachment**.

Attachment 1: Work Plan – New Applicants only

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel – All Applicants

See Section IV.2.ii. Project Narrative. 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 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) – All Applicants

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe your organization and the contractors’ roles and any deliverable. Letters of agreement from hospital training partners must address understanding and steps to ensure that THCGME resident FTE will not also be submitted to

Medicare GME or CHGME Program for the purposes of receiving GME payments. Make sure any letters of agreement are signed and dated.

Attachment 4: Residency Program Organizational Chart – All Applicants

Provide a one-page figure that depicts the organizational structure of the residency program, including all major training partners.

Attachment 5: Eligible Resident/Fellow FTE Chart – All Applicants

Upload a copy of the completed Eligible Resident/Fellow FTE Chart. The chart must include the total resident training numbers from AY 2016-2017 through AY 2019-2020, proposed total resident training numbers for AY 2020-2021 through AY 2024-2025, and requested THCGME resident FTE for AY 2020-2021 through AY 2024-2025. Please see [Appendix B](#) for the OMB-approved form and the form completion instructions. Limitations apply to resident FTEs that can be submitted for THCGME payments. See [Appendix A](#) for more information.

Attachment 6: Accreditation Documentation – All Applicants

Provide documentation of residency program accreditation from the appropriate accrediting body (ACGME, AOA, or CODA). Documentation must clearly identify the residency program's institutional sponsor and dates of accreditation.

Attachment 7: Request for Funding Priorities – New Applicants only

To receive funding priorities, you must submit the name and address of the main community-based ambulatory patient care center training site, indicate which priorities you are requesting, and include documentation of this qualification as specified in [Section V.2](#).

Attachment 8: Letters of Support – New Applicants only

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

Attachment 9: THCGME Program Assurances – All Applicants

Appendix A provides THCGME Program information on resident FTE time that is allowable to receive THCGME payments. You must submit a signed THCGME Program Assurances document confirming that you have reviewed and will comply with Appendix A.

Attachment 10: Other Relevant Documents – All Applicants

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your 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 the registration 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](#).

UPDATED 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 *August 30, 2019 at 11:59 p.m. Eastern Time*. 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 in HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request support for resident FTEs for a period of performance of up to four years and up to the limits set in [Section II.2](#) of this notice. Awards to support projects beyond FY 2020 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.

Funds for residency program development, such as completing ACGME accreditation requirements, are not allowable.

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 fiscal years, as required by law.

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(s) applied to the awards under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

Existing THCs (Continuation Applications)

Existing HRSA-funded THCGME Program recipients must complete and submit all documentation listed in Section IV.2.A of this NOFO. Submissions will be reviewed and evaluated by HRSA staff for continued eligibility.

New THCs (New Applications)

HRSA has procedures for assessing the technical merit of new 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 THCGME Program has five review criteria:

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Purpose and Need

The extent to which the application:

- Demonstrates a significant primary care workforce need and describes how to address this need through the proposed residency training program.
- Serves a rural and underserved population and describes how the health of the population served is expected to improve.
- States the number of resident FTE(s) requested for THCGME support.

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

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

The extent to which the proposed work plan will support a successful community-based primary care residency program.

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

The extent to which the application:

- Demonstrates appropriate steps planned and implemented to maintain or achieve successful accreditation and preparation for training THCGME residents by AY 2020-2021.
- Demonstrates clinical capacity among training partners to meet accreditation requirements and provide a high quality training experience.
- Proposes a residency program education and training curriculum that will prepare residents to provide high quality care in community-based settings, particularly in rural or underserved communities.
- Proposes a recruitment plan that will recruit high quality residents that demonstrate a commitment to practicing in rural and underserved communities, and to developing competencies to serve diverse populations and communities.

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

The extent to which the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Criterion 3: IMPACT (15 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

The extent to which the application and evaluation plan:

- Effectively reports on the measurable outcomes being requested.
- Includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes.
- Anticipates obstacles to the evaluation and propose how to address those obstacles.
- Describe the feasibility and effectiveness of plans for dissemination of project results.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The extent to which the application:

- Describes a solid plan for disseminating key elements of the project and obtaining additional sources of funding, as needed.
- Clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

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

The extent to which the application:

- Demonstrates sufficient expertise and partnerships needed to support the primary care residency program.
- Demonstrates that the project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the Attachments.

- Demonstrates the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Addresses the issue of ensuring resident FTE submitted for THCGME payments by the applicant and the hospital training partners are not also submitted to Medicare or CHGME program for the purposes of receiving GME payments.
- Describes the distribution of funds to residency program partner training sites. For GME consortium applications, the extent to which the community-based ambulatory patient care center will receive direct financial support through the consortium and is a significant member of the consortium, engaged in the selection of trainees and faculty and the development of rotation schedules and curriculum.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Resident FTE Request Justification Narrative

The extent to which the application provides a significant justification for the number of resident FTEs requested. A strong justification will address both the needs of the residency program and the community served and be supported by data and examples, account for accreditation requirements, and be directly related to the Purpose and Need section.

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.

Please see Section 5.3 of HRSA’s [SF-424 R&R Application Guide for more details](#). For this program, HRSA will use funding priorities.

Funding Priorities – New THCGME Applicants Only

This program includes funding priorities, as authorized by Section 340H(a)(3) of the PHS Act [42 U.S.C. 256h(a)(3)], in making awards to new THCs. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff will adjust the score by a set, pre-determined number of points. The THCGME Program has three (3) funding priorities. Applicants eligible for multiple priorities may apply for and receive priority points under multiple priorities.

In order to qualify for any of the funding priorities, you must submit the name and address of the main community-based ambulatory patient care center training site in **Attachment 7** and indicate which priorities you are requesting. This site must be a clinical site within the qualifying community-based ambulatory patient care center

identified as the sponsoring institution or as the qualifying site for the GME consortium. The site must be the principal training site for the requested THCGME residents (i.e., the site where the largest number of THCGME supported residents will train and provide care in primary care).

Priority 1: Health Professional Shortage Area (HPSA) (Up to 5 Points)

You will be granted a funding priority if the main community-based ambulatory patient care center training site is in a qualifying HPSA. HPSAs are designations that indicate health care provider shortages in Primary care, Dental health, or Mental health and may be geographic, population, or facility-based.

To determine if your training site is located in a HPSA, use the [Find Shortage Areas by Address](#) tool. If your training site is located in a HPSA, submit documentation of your HPSA score in Attachment 7. HPSA types will be matched to relevant residency specialties – Dental HPSA for dental residency programs, Mental Health HPSA for psychiatry residency programs, and Primary Care HPSA for all other disciplines. If your training site has more than one HPSA designation (geographic, population, and/or facility), you will be granted a funding priority based on the higher HPSA score.

Up to 5 priority points are available for the HPSA priority. Points will be awarded based on a sliding scale determined by the HPSA score of the main community-based ambulatory patient care center training site as follows:

- 0-5 = 1 point
- 6-10 = 2 points
- 11-15 = 3 points
- 16-20 = 4 points
- ≥ 21 = 5 points

Priority 2: Medically Underserved Community (5 Points)

You will be granted a funding priority if the main community-based ambulatory patient care center training site serves a medically underserved community as defined in section 799B of the PHS Act [42 U.S.C. 295p]. A medically underserved community includes any of the following areas or populations:

- Is eligible to be served by a:
 - Migrant Health Center under Section 329 of the PHS Act [42 U.S.C. 254b];
 - Community Health Center under Section 330 of the PHS Act [42 U.S.C. 254c];
 - grantee under Section 330(h) of the PHS Act (relating to homeless individuals) [42 U.S.C. 254b(h)];
 - Public Housing Primary Care Program grantee under Section 340A of the PHS Act [42 U.S.C. 256a];
- Is determined to have a shortage of personal health services under the criteria at Section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)]; or
- Is designated by a State Governor as a shortage area or medically underserved community.

If you are requesting the Medically Underserved Community priority, you must provide documentation in Attachment 7 that your main community-based ambulatory patient care center qualifies under one of the listed options. This may include proof of your center's HPSA and/or MUA/P score.

Priority 3: Rural (5 Points)

You will be granted a funding priority if the main community-based ambulatory patient care center training site is located in a rural community as defined in section 1886(d)(2)(D) of the Social Security Act [42 U.S.C. 1395ww(d)(2)(D)]. The Centers for Medicare and Medicaid Services (CMS) defines rural in accordance with Medicare regulations at 42 CFR 412.64(b)(ii)(C); that is, a rural area is an area outside of an urban Metropolitan Statistical Area. Note that this excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103.

To determine if a hospital is located in a county that is rural for CMS inpatient prospective payment system (IPPS) wage index purposes, refer to the FY 2019 "County to Core Based Statistical Area (CBSA) Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available to download on the [FY 2019 IPPS Final Rule Homepage](#). This file contains two tabs: 1) a crosswalk of county codes to CBSAs and 2) a list of Urban CBSAs and Constituent Counties for Acute Care Hospitals Files. Please refer to the "Crosswalk" tab in this file. Rural counties are those in which the "CBSA" column is blank. Provide a statement stating that the county of the main community-based ambulatory patient care center is located in a rural county in accordance with CMS rules in Attachment 7.

3. Assessment of Risk and Other Pre-Award Activities

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](#)).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 \(FAPIS\)](#). 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 [FAPIS](#) 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 by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

VI. Award Administration Information

1. Award Notices

HRSA intends to issue approval letters to successful applicants by November 15, 2019 in order to allow programs to recruit residents for the 2020-2021 AY that will begin July 1, 2020. 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 under Subawards and Contracts under Grants

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 and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

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) **Annual Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. Recipients will provide information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

In addition, THCGME awardees are required to annually submit documentation that supports continued THCGME eligibility which includes accreditation documentation, rotation schedules, and inpatient training partner summaries.

Further information will be provided in the NOA.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via HRSA's Electronic Handbooks (EHBs) on an annual basis. The annual Performance Report will address all program activities from July 1 to June 30 of the academic year. All recipients are required to collect and report performance measures data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The THCGME Program has additional annual reporting requirements (Section 340H(h) of the PHS Act [42 U.S.C. 256h]) that must also be submitted via the EHBs. These requirements include, but are not limited to, providing data on the number of patients treated by residents and the number and percentage of residents entering primary care practice following completion. 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. 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 days after the period of performance ends.

Failure to provide any of the required reports or a determination that the reports contain incomplete or inaccurate information may result in a reduction of the amount payable by at least 25 percent. Prior to imposing any such reduction, the awardee will be provided notice and an opportunity to provide the required information within 30 days beginning on the date of such notice.

- 3) **Annual Reconciliation Tool.** The recipient must submit an annual reconciliation tool that provides actual resident FTE trained in the budget period (i.e., academic year). The reconciliation tool reporting occurs immediately following the budget period AY. Any FTE overpayments will be recouped by HRSA. THCGME award recipients may be subject to a FTE Assessment to verify accurate FTE reporting.

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
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, 10NWH04 (mail drop)
Rockville, Maryland 20857
Telephone: (301) 443-2353
Fax: (301) 443-6343
Email: kross@hrsa.gov

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

Kristin Gordon
Project Officer, Division of Medicine and Dentistry
Attn: THCGME Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N136B
Rockville, MD 20857
Telephone: (301) 443-0337
Email: kgordon@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday--Friday, 8:00 a.m. to 8:00 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

Assurances:

See Appendix A for assurances and signature document.

Technical Assistance:

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

Appendix A: Assurances Document

Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

THCGME recipients are required to have the necessary policies, procedures and financial controls in place to ensure that their organization complies with all federal funding requirements. The effectiveness of these policies, procedures and controls are subject to audit.

THCGME recipients are required to follow the Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75). ([Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#))

THCGME recipients are also required to abide by the following policies and reporting guidelines. Signature on the final page of this document is required to ensure THCGME recipients are aware of their responsibilities as THCGME awardee. **The signature page must be submitted in Attachment 9 of your application.**

THCGME Payments Relationship to Other Federal GME Payment Programs

Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)] describes the relationship between THCGME Program funding and GME payments made by Medicare and the CHGME program. If a resident FTE's time is submitted to Medicare or the CHGME program for the purposes of receiving payment, the THC cannot also claim that same time for payment from the THCGME Program. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTEs. Over-reporting of FTEs and subsequent over-payment will result in the recoupment of THCGME payments.

All THCGME payments are subject to annual reconciliation and any funds awarded for resident FTEs not utilized during the academic year will be recouped by HRSA. If adequate funds are not available in the Payment Management System (PMS) for recoupment, the recipient is responsible for repaying funds within a timely manner and may be subject to future penalties such as withholding of future funding and/or drawdown restrictions.

THCGME Resident FTE

Section 340H(c)(1)(B) of the PHS Act [42 U.S.C. 256h(c)(1)(B)] refers to Section 1886(h)(4) of the Social Security Act [42 U.S.C. 1395ww(h)(4)] in determining eligible resident FTE for THCGME payments. Therefore, the following limitations apply to the resident FTE that qualify for THCGME payments:

Foreign medical graduates

Graduates with international medical or dental degrees are eligible for THCGME support; however, these graduates must have passed the United States Medical Licensing Examination (USMLE) Parts I & II or dental equivalent and must be eligible for licensing following completion of residency.

Initial Residency Period (IRP) – Weighting

Payment for trainees who begin the program in AY 2020-2021 may be subject to weighting based on their initial residency period (IRP). The IRP means the minimum number of years of formal training necessary to satisfy the requirements for initial board eligibility in the particular specialty for which the resident is training. Residents who have completed or transferred from another U.S. residency program will be weighted at 0.5 FTE for training beyond their IRP. A resident who is beyond his or her IRP, is factored by 0.5 regardless of the number of years or length of the training program in which s/he is currently enrolled. Exceptions apply to the IRP for residents enrolled in a geriatric residency or fellowship program or transferred from a preventative medicine residency or fellowship. (Social Security Act Section 1886(h)(5)(F)).

Research Time

Resident time not associated with the treatment or diagnosis of a particular patient cannot be submitted for THCGME payments. HRSA does not consider quality improvement or public/population health projects that are essential in the training of high quality primary care providers to be research. Resident rotations schedules will be submitted annually to HRSA, and awardees should ensure to delineate between any research and non-research time on all schedules/in all reports.

THCGME Additional Program Guidance

THCGME recipients are required to notify HRSA within 30 days of any changes within the program that may affect the number of FTEs that were funded by the THCGME Program.

Off cycle residents

Residents are permitted to begin their training off-cycle of the academic year (after July 1). Recipients are required to report the amount of time that the resident was not training in the program on the Reconciliation Tool (OMB 0915-0342) at the end of each AY. If the resident does not meet the training requirements to progress to the next program graduate year (PGY), additional training to complete the PGY is applied using funding for the following AY. The total amount of the FTEs supported by the THCGME Program cannot exceed the amount of FTEs that the recipient is HRSA approved to train for off-cycle residents.

Extended absences

Extended absences for maternity leave, long-term illness, etc. are required to be reported on the Reconciliation Tool if the resident does not meet the training requirements to progress to the next PGY. Any additional training time required due to an extended absence may be funded during the next AY. Funding for any extended absences is subject to approval by HRSA.

Remediation

The THCGME Program will provide payments for residents in remediation only if the total amount of FTEs requested for a budget period (i.e., the academic year (AY)) does not exceed the amount of FTEs that the recipient is HRSA approved to train. Funding for remediation is subject to approval by HRSA.

Resignations

The THCGME recipient is required to inform HRSA of any resident resignation(s). This information should be reported to the assigned HRSA Project Officer and on the annual report, reconciliation tool, and performance measure report. THCGME funding for the resident that left the program will be adjusted for the amount of time the resident spent training in the program. Any overpayments will be recouped. The recipient is permitted to replace a resident that resigned; however, the total amount of the FTEs requested is subject to approval by HRSA.

Resident Moonlighting

Resident moonlighting time, when additional financial compensation is provided for clinical service, may not be supported by THCGME funding.

THCGME Fund Allocation

THCGME funds allocated for a budget period (i.e., academic year) must be utilized for training expenses occurring during the academic year (July 1-June 30). Drawdowns for these expenses can occur until 90 days after the budget period ends (September 30); however, the funding must be used for expenses that occurred during the prior AY.

Allowable Expenses

THCGME funds may not be used for a prospective trainee's travel costs to or from the recipient organization for the purpose of recruitment. However, other costs incurred in connection with recruitment under training programs, such as advertising, may be allocated to the THCGME project according to the provisions of the applicable cost principles.

Refer to cost principles in [45 CFR 75.403 and 75.420 – 75.475](#) for more information about allowable expenses.

Prior Approval Request(s)

HRSA regulations (45 CFR Part 75) require that prior to initiating certain actions; the awardee must formally request approval from HRSA. The most common actions that require "Prior Approval Requests" for the THCGME Program include changes to the sponsoring institution and change of Project Director. The request(s) must be submitted via the Electronic Handbooks (EHBs).

SIGNATURE PAGE:

**Teaching Health Center Graduate Medical Education (THCGME) Program
Recipient Policies and Guidelines**

Please print out, sign, scan, and include as Attachment 9 of your application:

By signing this we acknowledge that we have read and agree to follow the Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines provided in this document as a condition of award.

Project Director Name

Project Director Signature

Date

Chief Financial Officer/Other
Authorized Official Name

Chief Financial Officer/Other
Authorized Official Signature

Date

APPENDIX B: Eligible Resident/Fellow FTE Chart

Program Name: _____

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM								
Academic Years	Funding Year	Number of Resident/Fellow FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5		
7/1/2016-6/30/2017								
7/1/2017-6/30/2018								
7/1/2018-6/30/2019								
7/1/2019-6/30/2020								
7/1/2020-6/30/2021	Year 1							
7/1/2021-6/30/2022	Year 2							
7/1/2022-6/30/2023	Year 3							
7/1/2023-6/30/2024	Year 4							
7/1/2024-6/30/2025	Year 5							

OMB 0915-0367

Expiration Date: 3/31/2020

Instructions for completing the Eligible Resident/Fellow FTE Chart (Attachment 5):

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM								
Academic Years	Funding Year	Number of Resident/Fellow FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY- 2	PGY- 3	PGY- 4	PGY- 5		
7/1/2016-6/30/2017		A	A	A	A	A	C	D
7/1/2017-6/30/2018		A	A	A	A	A	C	D
7/1/2018-6/30/2019		A	A	A	A	A	C	D
7/1/2019-6/30/2020		A	A	A	A	A	C	D
7/1/2020-6/30/2021	Year 1	B	B	B	B	B	C	D
7/1/2021-6/30/2022	Year 2	B	B	B	B	B	C	D
7/1/2022-6/30/2023	Year 3	B	B	B	B	B	C	D
7/1/2023-6/30/2024	Year 4	B	B	B	B	B	C	D
7/1/2024-6/30/2025	Year 5	B	B	B	B	B	C	D

OMB 0915-0367

Expiration Date: 03/31/2020

- A. **Prior Training Years (Identifying the Baseline Year)** - The baseline year is the highest number of resident/fellow FTEs your program trained in any academic year between AY 2016-2017 and 2019-2020. In the columns labeled as “Number of Resident/Fellow FTEs,” list the number of Post Graduate Year (PGY)-1, PGY-2, PGY-3, PGY-4 and PGY-5 full-time equivalents (FTEs) enrolled in the resident/fellow program during academic years 2016-2017, 2017-2018, 2018-2019 and 2019-2020. Identify the academic year you trained the highest number of resident/fellow FTEs as the “Baseline Year.” If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. Include four (4) decimal places for any partial FTEs.

If your program did not train any resident/fellow FTEs between AY 2016-2017 and 2019-2020, select “No Trainees” for AY 2016-2017 and AY 2019-2020. Enter “0” FTEs in columns that lists PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 training years. Select “Baseline Year” for AY 2019-2020 and enter “0” FTEs in the columns that lists PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 training years.

- B. **Future Academic Years** - In the columns labeled as “Number of Resident/Fellow FTEs,” list the **number** of PGY-1, PGY-2, PGY-3, PGY-4, and PGY-5 FTEs you plan to train over the next five academic years starting with AY 2020-2021. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. These columns should include any planned THCGME-supported FTEs during the indicated academic years.
- C. In the column labeled as “Aggregate Number of FTEs in the Program”, document the **aggregate number** of resident FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. This column should be equal to the sum of the numbers listed in the “Number of Resident/Fellow FTEs” PGY columns and should include resident/fellow FTEs supported by **all** funding sources.
- D. In the column labeled as “Aggregate Number of THC FTEs,” document the **aggregate number** of THCGME-supported resident/fellow FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. **Please note that your projections do not guarantee funding.**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0367. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20875.