U.S. Department of Health and Human Services



Bureau of Health Workforce Division of Medicine and Dentistry

Dental Clinician Educator Career Development Program

Funding Opportunity Number: HRSA-22-049

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.976

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 14, 2022

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: November 22, 2021

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See <u>Section VII</u> for a complete list of agency contacts.

Authority: 42 U.S.C. § 293k-2 (Section 748 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in <u>Section VII.</u> <u>Agency Contacts</u>.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Dental Clinical Educator Career Development Program, previously competed FY 2017 as the Primary Care Medicine and Dentistry Clinician Educator Career Development Award. The purpose of this program is to strengthen the primary care workforce by supporting the academic career development of faculty who teach primary care dentistry (general dentistry, pediatric dentistry or dental public health) or focus their teaching on the integration of oral health in family medicine, general internal medicine or general pediatrics. The goal of this Notice of Funding Opportunity (NOFO) is to provide career development awards to junior primary care faculty to support their development as future clinician educator faculty and leaders in primary care while also supporting innovative projects that involve the transformation of health care delivery systems. Awards are made to successful applicant institutions to support one identified individual junior faculty (Project Director) for the five-year award.

Funding Opportunity Title:	Dental Clinician Educator Career Development Program
Funding Opportunity Number:	HRSA-22-049
Due Date for Applications:	February 14, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$1,500,000
Estimated Number and Type of Award(s):	Up to 8 grant(s)
Estimated Annual Award Amount:	Up to \$187,500 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2027 (5 years)

Eligible Applicants:	Eligible entities include accredited schools of dentistry, public or nonprofit private hospitals; or public or private nonprofit entities which the Secretary has determined are capable of carrying out such grant or contract such as an academic health center that holds its own accreditation for a Commission on Dental Accreditation (CODA) accredited primary care dental residency program.
	See <u>Section III.1</u> 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 for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Dental Clinician Educator Career Development Program.

The purpose of this program is to strengthen the primary care workforce by supporting the academic career development of dental faculty [Doctors of Dental Surgery (DDS), Doctors of Dental Medicine (DMD), Dental Hygienists (DH)] who teach primary care dentistry (general dentistry, pediatric dentistry or dental public health) and primary care physicians (MD, DO) via a collaborative project between department(s) of general, pediatric or public health dentistry and a department of primary care medicine (family medicine, general pediatrics, general internal medicine). Awards are made to successful applicant institutions to strengthen the primary care workforce by supporting the academic career of faculty who teach primary care dentistry (general dentistry, pediatric dentistry or dental public health) or focus their teaching on the integration of oral health in family medicine, general internal medicine or general pediatrics.

Program Goals

The goal of Dental Clinician Educator Career Development Program is to provide career development awards to applicant organizations to:

- Support a single junior primary care faculty member, the Project Director's (PD) career development as a future clinician educator faculty and leader in primary care dentistry; and
- 2) Fund Project Director's innovative project involving the transformation of health care delivery systems.

Program Objectives

The objectives of the Dental Clinician Educator Career Development Program are to support the development of a single primary care faculty, the Project Director (PD), to enable them to sustain their academic career and support the transformation of health care delivery systems. At the completion of the period of performance, PDs will have:

 Implemented a career development plan and innovative project (see Program Requirements <u>Section IV.2</u>) that will position the PD to be a clinician educator, prepared for an academic career teaching in primary care dentistry or teaching oral health in a primary care medical training program;

- Built the pedagogical skills to enhance their teaching of primary care dentistry/medicine and interprofessional team-based care in didactic and clinical courses for health professional students and residents;
- 3) Acquired the ability to evaluate the effectiveness of their teaching activities;
- 4) Obtained the ability to advance the provision of oral health care within agefriendly health systems that assess and address the social determinants of health, health disparities and health inequities;
- 5) Become role models for predoctoral and postdoctoral trainees including those from diverse backgrounds (sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language) to pursue careers as primary care providers for underserved and vulnerable populations and/or as academics; and
- 6) Advanced their skills and institutional support to develop and publish manuscripts in peer review journals and apply for award support.

For more details, see Program Requirements and Expectations.

General Emergency Preparedness Statement

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

2. Background

This program is authorized by 42 U.S.C. § 293k-2 (Section 748 of the Public Health Service Act). The focus of this authority is to improve access to and the delivery of oral health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by increasing the supply of a qualified oral health care workforce to improve access to and the delivery of oral health care services for all individuals; and enhancing oral health care workforce education and training to improve access to and the delivery of health care services for all individuals. For more information about HRSA's oral health workforce training programs, please go to https://bhw.hrsa.gov/grants/oralhealth.

Primary care dentistry workforce shortages and minimal oral health training of primary care physicians limit access to high quality oral health care. The demand for general dentists is predicted to outpace supply by 2030, ¹leading to shortages which will likely be further magnified for underserved and vulnerable populations and communities.² Evidence suggests that faculty role models, interpersonal relationships with facultymentors, and health professional school culture can drive practice choices and the decision to pursue a career in primary care. ³,4,5,6 Representative faculty role models are particularly important to encourage trainees from underrepresented groups, improve the diversity of the health workforce and address health inequities. Promoting equity is essential to the Department of Health and Human Service's mission of protecting the health of Americans and providing essential human services. ¹ Studies have shown that trainees from underrepresented groups are more likely to provide health care services in underserved communities. ^{8,9,10}

High-quality care includes oral health care by strong interprofessional primary care teams. 11 However, oral health training of primary care medical providers is usually limited. More than 2/3 of primary care medical residents receive less than 3 hours of oral health education. 12 Oral health education in family medicine programs has actually

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¹ HRSA Oral Health Workforce Projection, 2017-2030. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/oral-health-2017-2030.pdf

² Health Professional Shortage Areas: Dental Care, by County, 2021. https://www.ruralhealthinfo.org/charts/9

³ Kryzhanovskaya I, Cohen BE, Kohlwes RJ. Factors Associated with a Career in Primary Care Medicine: Continuity Clinic Experience Matters. J Gen Intern Med. 2021 Feb 23. doi: 10.1007/s11606-021-06625-8. Epub ahead of print. PMID: 33620629.

⁴ Connelly MT, et al. Variation in Predictors of Primary Care Career Choice by Year and Stage of Training. JGIM. 2003; 18(3):15969.

⁵ Goodfellow A, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Acad Med. 2016 Apr 26.

⁶ Erikson CE, et al. The Role of Medical School Culture in Primary Care Career Choice. Acad Med. 2013;88(12):1919-26.

⁷ Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021)

⁸ Walker KO, Moreno G, Grumbach K. 2012. The Association Among Specialty, Race, Ethnicity, and Practice Location Among California Physicians. J Nat Med Assoc. 104(1-2):46-51.

⁹ Xierali IM, Nivet MA. The Racial and Ethnic Composition and Distribution of Primary Care Physicians. J Health Care Poor Underserved. 2018;29(1):556-570.

¹⁰Amah G, Jura M, Mertz E. Practice Patterns of Post-Graduate Dental residency Completers from Select HRSA Funded Primary Dental Care Training Programs. AcademyHealth 2019 Annual Research Meeting, Washington, DC. Retrieved from:

https://academyhealth.confex.com/academyhealth/2019arm/mediafile/Presentation/Paper31007/AcademyHealth%20PGD%20Survey%202019.pdf

¹¹ National Academies of Sciences, Engineering, and Medicine. 2021. Implementing high-quality primary care: Rebuilding the foundation of health care. Washington, DC: The National Academies Press. https://doi. org/10.17226/25983.

¹² Silk, H., J. Savageau, K. Sullivan, G. Sawosik, and M. Wang 2018. An update of oral health curricula in U.S. family medicine residency programs. Fam Med 50(6):437–443.

decreased since 2012.¹³ This contrasts dramatically with physician assistant and nurse practitioner programs. Nearly 100 of physician assistant programs include oral health training with 1/3 providing more than 10 hours of training;¹⁴ and 100 percent of nurse practitioner programs include oral health education.¹⁵

The number of vacant primary care dental school positions continues to rise as faculty retire or choose to enter private practice, potentially resulting in fewer dental trainees choosing primary care or caring for underserved populations. ¹⁶ Primary care faculty vacancies may be difficult to fill with current primary care faculty. Many current faculty lack the stated position requirements, and obtaining these requirements can be particularly challenging for junior clinical faculty seeking promotions. ¹⁷ Barriers include the large teaching workloads often given to junior faculty which can make it difficult to participate in formal faculty development programs, engage in scholar activities, or pursue opportunities to obtain leadership and academic promotions, and not having mentors who can assist junior faculty to successfully navigate these barriers. ^{18,19}

These awards will develop junior primary care faculty as role models of primary care within dental and medical schools thereby raising visibility to dental and medical school trainees, providing support for primary care faculty for successful academic careers, and supporting the integration of oral health training in primary care medical training.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the <u>HRSA Health Workforce Glossary</u>. In addition, the following definitions apply to the Dental Clinician Educator Career Development Program for Fiscal Year 2022

¹³ Ibid

¹⁴ Glicken, A., T. Flick, J. A. Savageau, H. Silk, R. Harvan, C. Lord, and C. Riedy. Integrating oral health: Physician assistant education in 2017. J Physician Assist Educ. 2019 30(2):93-100

¹⁵ Dolce, M. C., J. Haber, J. A. Savageau, E. Hartnett, and C. A. Riedy. 2018. Integrating oral health curricula into nurse practitioner graduate programs: Results of a U.S. survey. J American Assoc Nurse Pract 30(11):638–647

¹⁶ American Dental Education Association (ADEA). 2018-2019 Dental School Faculty in the United States Retrieved from: https://www.adea.org/data/faculty/2018-2019-Demographics-Employment/
¹⁷ Ibid

¹⁸ Formicola AJ. Trends in Dental Faculty of U.S. Dental Schools, 2003-04 to 2013-14. JDE 2017 81(8):eS33-40

¹⁹ Gadbury-Amyot CC, Smith DB, Overman RR, Bunce L. Faculty development at One Midwestern Dental School: A program evaluation. JDE 2015. 79(10):1177

Age-friendly health systems – The essential elements of age-friendly health systems are to know and align care with the patients, and their caregivers, specific health outcomes and care preferences; use age-friendly medication; prevent, identify, treat and manage mental and behavioral health issues; and ensure patients maintain function/mobility.²⁰

Equity – "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."²¹

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.²²

Junior Faculty – For the purposes of this NOFO, junior faculty is defined as having a non-tenured, full-time faculty appointment with an instructor or assistant professor rank.

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New HRSA will provide funding in the form of a grant.

²⁰ Institute for Healthcare Advancement (IHA). Retrieved from: http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

²¹ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

²² See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

2. Summary of Funding

HRSA estimates approximately \$1,500,000 to be available annually to fund eight recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$187,500 total cost (includes both direct and indirect) costs) per year.

The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Dental Clinician Educator Career Development Program in subsequent fiscal years, satisfactory progress, 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 <u>45 CFR part 75</u>.

Limitations on indirect cost rates

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicant organizations include domestic accredited schools of dentistry, public or private nonprofit hospitals, or public or private nonprofit entities which the Secretary has determined are capable of carrying out such grant or contract such as an academic health center which holds its own accreditation for a primary care dental residency program. See 42 U.S.C. § 293k-2(a)(1) (Section 748(a)(1) of the Public Health Service Act). Domestic faith-based and community-based organizations federally recognized Indian tribes and tribal organizations are also eligible to apply, if otherwise eligible.

The applicant institutions must be accredited by the Commission on Dental Accreditation (CODA) at the time of this application. HRSA will check the CODA website for accreditation confirmation.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in <u>Section IV.4</u>

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2(b) (Section 797(b) of the Public Health Service Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as <u>Attachment 6</u>. An applicant that receives a clinician educator faculty award shall provide assurances to HRSA in <u>Attachment 6</u> that funds provided to the applicant will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the applicant.

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowable.

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

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

Note: Awards for the Dental Clinician Educator Career Development Program are made to applicant institutions and are NOT transferrable between organizations. PD should be aware that, should they choose to leave their current institution, these awards will stay at the applicant institution and do NOT transfer with the individual. Applicant training institutions should be aware that, should the PD leave, the training institution must select another qualified PD, and receive HRSA approval of the selected PD, within four months or risk cancellation of the award.

Eligible Project Directors

Eligible PD are identified individuals who are applying to HRSA for a clinician educator faculty award through the applicant organization. PD must hold a non-tenured junior faculty appointment (i.e., instructor or assistant professor) at their accredited institution before the award is made. The institution must provide protected time (at least 55 percent of full-time professional Full Time Equivalent (FTE) to the PD for their career development and innovative project activities for the 5-year period of performance). The PD's faculty appointment must not be contingent upon receipt of the institution's award.

To be eligible to be a PD under the Dental Clinician Educator Career Development Program, a PD must:

- A. Have a health professional degree (DDS, DMD, DH, MD/DO).
- B. Be a licensed dentist or dental hygienist; or be certified or board eligible in internal medicine, family practice, or pediatrics.
- C. Have a full time, non-tenured junior faculty appointment at an accredited dental school or dental hygiene school; school of allopathic or osteopathic medicine (i.e., instructor or assistant professor).
- D. Be within 10 years of having graduated from a dental hygiene training program, a dental school, or dental primary care residency (pediatrics, general dentistry, dental public health), or from having completed a primary care medical residency (internal medicine, family practice, or pediatrics), or from having completed a post-professional degree (e.g. MPH, EdD, PhD).
- E. Be a citizen, national, or permanent resident of the United States.

At the time of award, the PD must have a full-time appointment at the organization. All required qualifications must be reflected in the PD's submitted biographical sketch. PDs are required to commit a minimum of 55 percent of full-time professional effort to their primary care dental or medical training of health professionals and their own career development activities. We encourage applications from PDs from underrepresented minorities and underserved communities.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through <u>Grants.gov</u> 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 select "Subscribe" and provide your email address for HRSA-22-049 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. You are ultimately responsible for reviewing the <u>For Applicants</u> page for all information relevant to this NOFO.

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA <u>SF-424 R&R Application Guide</u> for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's <u>SF-424 R&R Application Guide</u> and this NOFO.

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

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-049 it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 65 pages will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-049 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

 You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10: Other Relevant Documents*.

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

Program Requirements and Expectations

Applications to this funding opportunity will focus on the training and support of primary care dentistry junior faculty who plan to teach in general dentistry, pediatric dentistry, or dental public health; or primary care medicine junior faculty who plan to teach the integration of oral health in family medicine, general pediatrics, general internal medicine. The applications must be prepared in collaboration between the applying organization and the Project Director (PD).

Applicant Organizations must:

- Identify the Project Director to receive the Dental Clinician Educator Career Development Award. Failure to identify an eligible PD in the application will deem the application ineligible.
- Make an organizational commitment to the Project Director and their proposed project, including but not limited to:
 - Providing protected time (at least 55 percent of their full-time professional effort) to the Project Director for their proposed project and for career development activities.
 - Providing and supporting an appropriate mentor for the Project Director.

Project Directors must:

• Propose a clinician educator project aimed at enhancing primary care dental training of health professionals. Dentist and Dental Hygienist PDs' projects MUST focus on enhancing training or educational programs in one of the following six focus areas: 1) integrating oral health and primary care; 2) integrating oral health and behavioral health; 3) oral health workforce diversity; 4) training for rural practice; 5) addressing social determinants of health; or 6) training for vulnerable populations which may include pregnant women, infants, and/or children with special care needs and may include projects focused on transitioning children with medical-complexities, or those in the foster care system, from pediatric dentists to general dental providers; applications that do not address one of these six focus areas will be deemed ineligible. Physician PDs' project MUST focus on integrating oral health and

primary care and may be funded by the grant recipient only if the activities will take place through a collaborative project between departments of primary care medicine and departments of general, pediatric, or public health dentistry.

 Propose a career development plan that will position them for an academic career teaching in primary care dentistry.

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's <u>SF-424 R&R Application Guide</u>.

The Abstract must:

- 1. Identify the Project Director and their relevant health professional degree;
- 2. List the specific, measurable objectives that the project will accomplish;
- 3. Briefly describe 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
- 4. Clearly name which Funding Priority is being requested, if applicable.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose:	(2) Response to Program Purpose
(a) Work Plan	(a) Work Plan
(b) Methodology/Approach	(b) Methodology/Approach
(c) Resolution of Challenges	(c) Resolution of Challenges

Narrative Section	Review Criteria
Impact:	(3) Impact:
(a) Evaluation and Technical Support Capacity	(a) Evaluation and Technical Support Capacity
(b) Project Sustainability	(b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. Project Narrative

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

Use the following section headers for the narrative:

PURPOSE AND NEED -- Corresponds to Section V's <u>Review Criterion(a) 1</u> Briefly describe the purpose of the proposed project. Specifically provide the following:

For the Applicant Organization:

- Describe the current need for primary care dental clinical educator faculty, and any challenges currently faced in the recruitment and retention of these individuals.
- Describe any identified gaps in current career development training or career development activities offered at the organization, noting any significant deficiencies in the currently offered training when compared to the proposed career development plan.

For the Project Director:

- Describe prior training and how it relates to the objectives and long-term career plans of the PD.
- Describe the PD's background to this point in their teaching career, including any publications related to the proposed project and experiences or related interests.
- Provide evidence of the PD's potential to develop into a clinician educator/faculty leader.

For the Project Director's Training Plan:

Describe the specific community/communities which will benefit from the proposed training, including any communities that are served by clinical training sites included in the training proposal. Describe the communities' diversity, social determinants of health, health disparities, and any unmet needs, and identify those that will be addressed through the proposed training program.

- 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)

For each of the required plans: 1) the primary care dental training of health professionals plan and 2) the career development plan, provide a detailed work plan that includes key milestones for each task or activity, timeframe for completion, and a description of the staff responsible. Describe key deliverables and/or products.

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

You must complete the SWP mandatory form in the Application Package.

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
- Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate for the program designed and how the targets fit into the overall timeline of grant implementation.

- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.
- If funds will be subawarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- (b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion 2 (b)

Describe how your application addresses: 1) the primary care dentistry or primary care medicine training plan and 2) the career development plan including the mentorship plan.

Primary Care Dental Training of Health Professionals Plan:

Clearly indicate which of the six focus areas the training plan addresses. Describe your objectives and proposed activities including, but not limited to any proposed changes to the clinical learning environment and any proposed didactic or clinical curricula to be developed or enhanced providing evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

Career Development Plan:

Describe the career development activities and how the activities are designed to develop the necessary knowledge and skills in areas relevant to the PD's career goals.

Logic Model

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. 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., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and

• Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts 0.pdf.

- (c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (c)
 Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and 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)
 Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities. In the Attachments section (IV. 2. vi., Attachment 2), 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. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

Describe the systems and processes that will support your organization's collection of HRSA's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to accurately collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program

development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Document the procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for health professional trainees taught by the PD during the grant period. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable. Describe any evaluation experience of the PD and any resources within the applicant organization, or elsewhere, that will be utilized to support the success of the evaluation plan, such as an identified mentor with evaluation expertise.

Evaluation metrics must include measures of the development of the PD and the number of dental/medical school pre-or postdoctoral trainees from the recipient institution indicating interest in a career in primary care and/or working with vulnerable and underserved populations. Measures will include but are not limited to the publications, research support applied for and received, courses developed, service/honors, and presentations; the number of students/residents trained by the PD. NPI numbers will be required for all dental/medical student/residents trainees at the recipient institutions in order to capture the long-term impact of faculty development activities (access, supply and distribution).

- (b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion 3 (b)
 - Propose a plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices. Recipients are expected to sustain key elements of their projects, e.g., career development for primary care faculty. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.
- ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES --Corresponds to Section V's <u>Review Criterion 4 (a)</u>

Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include a project organizational chart (requested in Section IV.2.vi. <u>Attachment 4</u>). Discuss how the

organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe the selection criteria and rationale used in determining the PD for the career development award. Individuals that work and teach in community-based settings and who are from disadvantaged backgrounds are encouraged to be considered for selection as PD. Describe how you will routinely assess and improve the career development and training plan of the PD.

Describe the resources and facilities that will be available to the PD, to include appropriate office and/or laboratory space, equipment, and other resources and facilities (including access to clinical and/or other research populations) necessary to carry-out the proposed career development plan. Identify and describe the mentor(s) who will manage the proposed career development plan with the Project Director and support the career development and training proposal activities. The mentor(s) must have expertise in the area of the proposed project, be committed both to the career development of the Project Director and to the direct supervision of the Project Director's project, and at least one identified mentor must have a successful track record of mentoring individuals. Applicants are encouraged to identify more than one mentor (i.e., a mentoring team) if this is deemed advantageous for providing expert advice in all aspects of the career development program. In such cases, one individual must be identified as the principal mentor who will coordinate the Project Director's project. The respective areas of expertise of the mentors must be described. Although not required, the application may include the creation of an advisory committee to be formed to assist with the development of the program of study and to monitor and provide guidance to the Project Director's progress during the career development program.

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

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

- Senior/key personnel name
- Position Title

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

iii. Budget

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

Subawards/subcontracts

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

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the

attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

Salary for mentors, secretarial and administrative assistants, etc. is not allowed.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "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 <u>SF-424 R&R Application Guide</u> for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

iv. Budget Justification Narrative

- See Section 4.1.v of HRSA's SF-424 R&R Application Guide.
- The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project. Please note: all budget justification narratives count against the page limit. In addition, the Dental Clinician Educator Career Development Program requires the following:

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

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

v. Standardized Work Plan (SWP) Form

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

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

vi. Attachments

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

Attachment 1: Logic Model (Required)

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

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

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

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (Required)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 4: Project Organizational Chart (Required)

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

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

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

Attachment 6: Maintenance of Effort Documentation. (Required)

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

NON-FEDERAL EXPENDITURES	
FY Before Application (Actual) Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.	Current FY of Application (Estimated) Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$	Amount: \$

Attachment 7: Request for Funding Priority

To receive a funding priority point, include a statement that the applicant is eligible for a funding priority and identify the priority. Include documentation of this qualification. See <u>Section V.2</u>.

Attachment 8: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

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

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

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

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

Attachment 9: Letters of Support

You must submit three types of letters of support—from the Dean, Chair of the Department as well as the identified mentor(s). <u>Failure to include all required letters of support will result in the application being deemed non-responsive and it will not be considered for funding.</u>

- 1. Dental School Dean or institutional equivalent—The letter of support from the Dean or institutional equivalent should demonstrate a commitment to develop the Project Director into a productive, independent faculty member and to meeting the requirements of this award; provide assurances that the Project Director will be able to devote a minimum of 55 percent full-time professional effort to the award activities; have the appropriate office and clinical space, equipment, and other resources; and that appropriate time and support will be available for any proposed mentor(s) and/or other staff consistent with the career development plan. Describe the selection criteria and rationale used in determining the Project Director for the career development award.
- 2. Chair of the Department—The letter of support from the Chair of the Department must provide a statement of commitment to the productive, independent faculty member and to meeting the requirements of this award; and provide assurances that the Project Director will be able to devote a minimum of 55 percent full-time professional effort to the award activities.
- Mentor(s)—Letter(s) of support from identified mentor(s) must confirm their participation, describe their specific roles, and document the expertise they will contribute.

Additional letters of support that support either the training project proposal or the Project Director's career development proposal can also be included in this section. Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 10: Other Relevant Documents
Include here any other documents that are relevant to the application.

Attachment 11: Indirect Cost Rate Agreement

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (<u>SAM.gov</u>). For more details, visit the following webpages: <u>Planned UEI Updates in Grant Application Forms</u> and <u>General Service</u> Administration's UEI Update.

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

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

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

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

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (<u>https://www.grants.gov/</u>)

For more details, see Section 3.1 of HRSA's <u>SF-424 R&R Application Guide</u>.

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

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

4. Submission Dates and Times

Application Due Date

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

5. Intergovernmental Review

The Dental Clinician Educator Career Development Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's <u>SF-424 R&R Application Guide</u> for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$187,500 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's <u>SF-424 R&R Application Guide</u> for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for the purposes specified on page 22 in HRSA's SF-424 R&R Application Guide.

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 all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Five review criteria are used to review and rank Dental Clinician Educator Career Development Program applications. Below are descriptions of the review criteria and their scoring points.

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

Reviewers will evaluate how well the application describes the need for this proposed project and describes a plan that relates to the objectives and long-term career plans of the PD.

- How well the organization's application demonstrates a compelling need for training of primary care clinician educator faculty addressing the gaps in current career development training or activities.
- How well the application describes the PD's prior training, background, or other strong evidence that is supportive of the PD's potential to develop into a clinician educator and faculty leader.
- How strong the application's evidence is of the PD's commitment to a career in community-based primary care dentistry or primary care medical education.
- How well the application demonstrates that the specific community/communities
 the PD's proposed training project will benefit are underserved, including service
 maps or baseline measures that will be used to evaluate the success of the
 training or activities.

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

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

Reviewers will evaluate the strength of the goals and objectives, and their clarity, comprehensiveness, and specificity.

- How strong the evidence in the application is that the work plan's concrete steps will achieve the stated goals and objectives. The work plan should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
- How well the application's PD training plan and annual training chart indicate
 the number and type of students the Project Director plans to train through the
 proposed activities during the five-year period of performance.
- How well the application's PD career development plan describes a timeframe, milestones and staffing that will result in the PD's long-term career objectives.

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

Reviewers will evaluate how well the organization's application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section.

 How strong the proposed goals and objectives in the application are and strength of their relationship to the identified project.

- How strong the evidence in the application is that the PD's primary care training plan will strengthen the health professional training curriculum at the institution and produce primary care providers who are well prepared to practice in or lead transforming health care delivery systems.
- How strong the evidence provided in the application demonstrates the PD's
 training plan will enhance health professional training to produce primary care
 providers who will improve oral health access, quality, and cost of care for
 patients by addressing workforce diversity, population health, and social
 determinants of health. There should be baseline measures and baseline data
 included in the training plan that will be used to determine improvement.
- How well the application demonstrates that the Project Director's training plan
 is supported by evidence and that the career development plan is matched to
 the needs of the Project Director and likely to provide the necessary
 knowledge, skills, and experience needed for the Project Director to advance
 their academic career.
- How well the application describes a sophisticated and plausible logic model.

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

Reviewers will evaluate how well the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as it's plan for dealing with identified contingencies that may arise. Include a resolution plan for contingencies.

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

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

Reviewers will evaluate the strength of the evidence provided in the application, in demonstrating that the proposed project has measurable outcomes of dental public health impact and the project will be effective, if funded. The application must include a robust internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Subsection (a). Specific criteria include:

- How well the application demonstrates that the evaluative measures included in the application will assess whether project objectives have been met for the primary care dentistry training and the career development plans, and are likely to be attributable to the project.
- How well the application demonstrates that the evaluation plan for the training project assesses trainee/graduate outcomes as well as patient access, quality of care, and cost effectiveness outcomes.

- How well the organization demonstrates in the application that the evaluation plan, including inputs, key processes and methods, variables to be measured, and expected outcomes, are reasonable, evidence-based where appropriate, and feasible within the project timeframe.
- The strength of the plan demonstrated in the application to report on HRSA's required performance and progress reporting, including systems, processes, and adequate staff to collect, manage, analyze, and report data.
- The strength of the application's dissemination plan of the training project activities and the likelihood that the training activities are replicable and generalizable.
- The strength of the evidence provided in the application demonstrating that the PD has the technical capacity to conduct the evaluation and the organizational support for appropriate evaluation as needed.

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

Reviewers will evaluate how well the organization's application demonstrates evidence that they are committed to career development of junior faculty and training project activities after the period of federal funding ends.

 How strong the evidence provided in the application demonstrates support for the PD's career development and training project activities beyond the funding period.

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

Reviewers will evaluate the strength of the evidence in the application that the applicant organization has the capabilities including the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

 How well the organization demonstrates in the application that project personnel are qualified by training and/or experience to implement and carry out the project. This should be demonstrated both through the project narrative, and through the attachments.

- How well the organization's application demonstrates commitment, in addition
 to a letter of support (<u>Attachment 9</u>), to the career development of the Project
 Director. How well the application demonstrates assurance that the Project
 Director will be able to devote a minimum of 55 percent full-time effort to their
 career development award activities, that an appropriate mentor or mentorship
 advisory committee, and necessary resources and facilities will be provided to
 the Project Director.
- How strong the evidence provided in the application is of the organization's commitment to meeting the needs of the populations they serve, particularly those served through community-based settings and located in rural and underserved areas. This should include baseline measures and data that will be used to determine improvement.
- How well the organization demonstrates that the mentor(s) and, if applicable
 the mentorship advisory committee members, have the qualifications through
 past education and experience to fully support the Project Director's career
 development plan and proposed training project.
- How well the organization demonstrates the mentor(s) commitment to the Project Director's career development plan and proposed training project.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

- How well the organization demonstrates in the application that costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
 - the application presents a completed line item budget and budget justification for each of the five years;
 - the budget justification gives sufficient detail to determine how the line item amounts were determined;
 - the budgeted items are reasonable and necessary to develop, implement, and evaluate the proposed innovative programs;
 - the budget details for contracts and staff reflect those outlined SWP and Staffing Plan;
 - the budget justification includes a complete line item breakdown and narrative description and justification of each of the five years
- How strong the evidence provided in the application is that key personnel have adequate time devoted to the project to achieve project objectives.

 How well the organization's application describes the entire project costs and provides sufficient detail in the budget narrative to determine what the funds requested will be used for and that trainee expenses and subawards are reasonable and supportive of the project objectives. Please note that salary for mentors, secretarial and administrative assistants, etc. is not allowed for this NOFO.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's <u>SF-424 R&R Application Guide</u> for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

For this program, HRSA will use priorities, special consideration, geographical dispersion, and program balance.

Funding Priorities

This program includes eight (8) funding priorities as authorized 42 U.S.C. § 293k-2 (Section 748 of the Public Health Service Act). A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Priority points are granted to any qualified applicant that demonstrates they meet the criteria. HRSA staff reviews the documentation in the application to support the award of funding priority points which have a set, predetermined value, and presents those findings to the Objective Review Committee (ORC). The Dental Clinician Educator Career Development Program has eight (8) funding priorities:

Priority 1: Collaborative Project (1 Point)

You will be granted a funding priority if:

You propose a collaborative project between 1) a department of general, pediatric, or public health dentistry and 2) a department of primary care medicine. The collaboration must be a focus of your application and included as one of the grant objectives in the work plan. You must include a letter of agreement from the collaborating department of primary care medicine in *Attachment 3*.

Priority 2: Discipline Retention (1 Point)

You will be granted a funding priority if your applicant institution qualifies in one of two ways:

Record of Training
 To qualify under this method you must confirm that the percentage of program

completers from your primary care dentistry program(s) who enter into, and remain in the practice of primary care dentistry for the last two academic years (AY2019-20 & AY2020-21) is equal to or greater than 90 percent. You must provide a letter from the dean at your institution that affirms the percentage of program completers from the applicable training program(s) (you must include the actual percentage in the letter) from the last two academic years (AY2019-20 & AY2020-21) who entered into, and remained in the practice of primary care dentistry is equal to or greater than 90 percent.

OR

2) Significant Improvement

To qualify under this method you must confirm a percentage point increase of 50 percent or more in the number of program completers who enter into, and remain in the practice of primary care dentistry from AY 2018-19 to AY 2020-21. You must provide a letter that affirms that the percentage of program completers (you must include the actual percentage in the letter) who entered into, and remained in the practice of primary care dentistry from AY 2018-19 to AY 2020-21 increased by 50 percentage points or more.

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

Priority 3: Student Background (2 Points)

You will be granted a funding priority if:

Your application confirms that 25 percent or more of your total current trainee population is from a rural background, a disadvantaged background, or an underrepresented minority (refer to Program Definitions and the <u>Bureau of Health Workforce glossary</u>) AND affirms that no trainee was counted more than once when making the calculation. To calculate the greatest percentage, include the following formula in your application:

	rural or disadvantaged backgrounds (do not count trainees more than once in the numerator)
Percentage =	X 100
	Total number of trainees enrolled

Priority 4: Formal Relationships (1 Point)

You will be granted a funding priority if:

You have established, or plan to establish, a formal relationship with a Federally Qualified Health Center (FQHC), a rural health clinic, or an accredited teaching facility for the purpose of training faculty. You must include a letter of agreement from the FQHC, the rural health clinic, or accredited teaching facility in <u>Attachment 3</u>. To apply for this priority, you must provide sufficient documentation of the actual or pending working relations

Priority 5: Vulnerable Populations (1 Point)

You will be granted a funding priority if:

You include training on how to conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance use disorders, individuals with disabilities, and individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations." The proposed activities must be a focus of your application and included as one of the grant objectives in your work plan.

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

You will be granted a funding priority if:

Your dental training program includes educational activities in cultural competency and oral health literacy. These activities must be one of your proposed objectives and included in your work plan. Below are available HHS resources on health literacy.

HHS Health.gov: <u>Health Literate Care Model</u>

AHRQ: Health Literacy Universal Precautions Toolkit

Priority 7: Placement in Practice Settings (2 Points)

You will be granted a funding priority if your applicant institution qualifies in one of two ways:

1) High Rate

To qualify under this method, you must provide a letter from the dean or project director of the applying training program at your institution that affirms that the percentage of program completers from your primary care dentistry program(s) practicing in practice settings serving underserved or health disparity populations over the past two academic years (AY2019-20 & AY2020-21) is 40 percent or greater. You must include the actual percentage in the letter.

OR

2) Significant Increase

To qualify under this method, you must provide a letter from the dean or project director of the applying training program at your institution that affirms that the percentage of program completers from your primary care dentistry program(s) practicing in practice settings serving underserved or health disparity populations from AY2018-19 to AY2020-21 has increased by 20 percentage points or more (percentage point increase). You must include the actual percentage in the letter.

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

Priority 8: Special/Vulnerable Populations (1 Point)

You will be granted a funding priority if:

You intend to establish a training program for the didactic and clinical education of dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly. The proposed activities must be substantive, be the primary focus of one of the application's training project objectives and be included in the work plan.

Funding Special Considerations and Other Factors

In making final award decisions for HRSA-22-049, HRSA will aim for proportionate distribution of awards across the HHS regions based on the number of eligible applications received and recommended for funding by the objective review committee.

PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order.

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.

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2022. See Section 5.4 of HRSA's <u>SF-424 R&R Application Guide</u> for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

Recipients of FFA must ensure that their programs are accessible to persons
with limited English proficiency. For guidance on meeting your legal obligation to
take reasonable steps to ensure meaningful access to your programs or activities

by limited English proficient individuals, see <u>Fact Sheet on the Revised HHS LEP</u> <u>Guidance</u> and <u>Limited English Proficiency</u>.

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

Please contact the <u>HHS Office for Civil Rights</u> for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's <u>SF-424 R&R Application Guide</u> 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.

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

More information will be available in the NOA.

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

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

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

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

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

Further information will be provided in the NOA.

4) Federal Financial Report. A Federal Financial Report (SF-425) is required according to the schedule in the <u>SF-424 R&R Application Guide</u>. The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at <u>2 CFR § 200.340 - Termination</u> apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Denis Nikiema
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857

Telephone: (301) 443-8007

Email: <u>DNikiema@hrsa.gov</u>

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

Jennifer Holtzman DDS, MPH

Dental Officer, Bureau of Health Workforce

Attn: Dental Clinician Educator Career Development Program

Bureau of Health Workforce

Health Resources and Services Administration

5600 Fishers Lane, Room 15N186A

Rockville, MD 20857

Telephone: (301) 945-3368 Email: jholtzman@hrsa.gov

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

Grants.gov Contact Center

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

Email: support@grants.gov

<u>Self-Service Knowledge Base</u>: 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). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

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

TTY: (877) 897-9910

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

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) can be found on the program website https://bhw.hrsa.gov/funding/apply-grant#oral-health, and are often updated during the application process.

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