U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Ruth L. Kirschstein National Research Service Award
Institutional Research Training Grant

Funding Opportunity Number: HRSA-21-013
Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (CFDA) Number: 93.186

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: November 9, 2020

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

Issuance Date: September 10, 2020

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Authority: 42 U.S.C. § 288 (Section 487 of the Public Health Service Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2021 for the Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grant. The purpose of this grant program is to train and provide support to postdoctoral health care professionals who are planning to pursue careers in biomedical and behavioral health research related to primary care. As the nation's population grows and ages, the need for well-trained primary care researchers to study the complex array of issues facing the primary care workforce gains greater importance. The NRSA Institutional Research Training Grants administered by HRSA are awarded to eligible institutions to develop or enhance postdoctoral research training opportunities for individuals who are planning to pursue careers in primary care research.

Funding Opportunity Title:	Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant
Funding Opportunity Number:	HRSA-21-013
Due Date for Applications:	November 9, 2020
Anticipated Total Annual Available FY 2021 Funding:	$7,800,000
Estimated Number and Type of Award(s):	Approximately 15 grants
Estimated Award Amount:	Up to $500,000 per year , subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	07/01/2021-06/30/2026 (5 years)
Eligible Applicants:	For purposes of this NOFO, eligible entities are programs that were funded between 2011 through 2020, under sections 736, 739, or 747 of the Public Health Service (PHS) Act. A list of the programs can be found in Appendix A. Faith-based and community-based organizations are eligible to apply for these funds. Tribes and tribal organizations may apply for these funds, if otherwise eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grant program administered by the Health Resources and Services Administration (HRSA).

Program Purpose

The purpose of this grant program is to train and provide support to postdoctoral health care professionals who are planning to pursue careers in biomedical and behavioral health research related to primary care.

This NRSA program supports institutional training grants awarded to eligible institutions to develop or enhance postdoctoral research training opportunities for qualified individuals who are planning to pursue careers in primary care research.

Program Goals

The overall goal of this NRSA program is to train highly qualified primary care researchers that includes women and individuals from disadvantaged backgrounds (including racial and ethnic minorities), to address the nation's research needs in primary health care. An increased body of primary care research will inform national decisions that can lead to increased access, increased quality of care, and decreased costs.

Program Objectives

The objectives of this NRSA program are

1. Develop and/or enhance research training opportunities for individuals interested in careers in primary care research.
2. Disseminate trainee research findings to advance primary care and health equity.
3. Increase the number of researchers focused on primary care issues that transform health care delivery.

HHS and HRSA Priorities

You are encouraged to select and address one of HHS's and HRSA's clinical priorities below.
- Preventing and reducing maternal mortality
- Transforming the workforce - targeting the need
- Ending the crisis of opioid addiction and overdose in America
- Improving mental health access and care
- Transforming the health care system through value-based care delivery and quality improvement initiatives

- Strengthening health care access through telehealth
- Ending the HIV epidemic

Background

This program is authorized by 42 U.S.C. § 288. Implementing regulations for this program can be found at 42 CFR Part 66.

Section 217 of the Further Consolidated Appropriations Act, 2020[1], provides transfer authority of funds from National Institutes of Health (NIH) to HRSA for awards for research in primary medical care to individuals affiliated with entities who have received grants or contracts under sections 736, 739, or 747 of the Public Health Service (PHS) Act. HRSA has an interagency agreement [2] with NIH that enables the transfer of funds to HRSA in order to award the NRSA training grants.

The NRSA program has been the primary means of supporting predoctoral and postdoctoral research training programs since enactment of the NRSA legislation in 1974. Research training activities can be in basic biomedical and behavioral health research. The NRSA program is funded by the National Institutes of Health (NIH), but administered by HRSA.

HRSA has long recognized the importance of training primary care professionals to become effective clinicians, teachers, researchers and leaders. The growing body of evidence associates a strong primary care workforce with reduced mortality, higher quality of care, and lower health care spending.[3,4,5] The health care system and primary care, in particular, are in a period of transformation. The U.S. Department of Health and Human Services (HHS) is making significant investments to reform, strengthen and modernize the nation's health care system.

Developing primary care researchers will maximize these investments and facilitate achieving HHS's goals of promoting affordable health care; expanding safe, high-quality health care options, and encouraging innovation and competition; improving Americans' access to health care and expanding choices of care and service options; and strengthening and expanding the health care workforce to meet America's diverse needs.[6]

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[1] Further Consolidated Appropriations Act, 2020. Retrieved on August 17, 2020 from https://www.congress.gov/bill/116th-congress/house-bill/1865/text

[2] United States government interagency agreement dated April 2, 2020 between NIH, Office of Management and HRSA, Bureau of Health Workforce, Division of Medicine and Dentistry.

[3] Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary. Care Physician Supply With Population Mortality in the United States, 2005-2015. JAMA Internal Medicine. 2019;179(4):506–514.

[4] Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare Beneficiaries' Health Outcomes. JAMA. 2011;305(20):2096-2104.

[5] Baicker K, Chandra A. Medicare Spending, The Physician Workforce, and Beneficiaries' Quality of Care. Health Affairs. 2004;23(Suppl1:Web Exclusives). Retrieved from https://www.healthaffairs.org/doi/full/10.1377/hlthaff.W4.184.

[6] Overview: HHS Strategic Plan, FY 2018-2022 HHS Retrieved from https://www.hhs.gov/about/strategic-plan/strategic-goal-1/index.html

This HRSA administered NRSA Institutional Research Training Grant program aims to prepare postdoctoral health care professionals for careers that will have significant impact on the nation's primary care research agenda and ensure that a diverse and highly trained workforce is available to assume leadership roles in the area of primary care research.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. In addition, the following definitions apply to the NRSA program for Fiscal Year 2021:

Behavioral health research means for the purposes of this NOFO research conducted to understand, detect, manage, and treat mental health and substance use disorders that are comorbid with treating acute physical illness, monitoring chronic disease, providing preventive health services, and assessing compliance with standards of care.

Biomedical research means research that provides a comprehensive and detailed understanding of the mechanisms that underlie the development and normal function of humans and other living organisms, and thereby grants insight into the pathological and pathophysiological mechanisms that cause disease.

Primary care research means research that informs a wide range of issues related to primary care practice and policy, including the quality, costs, and outcomes of primary care; patient-provider communication; generalist-specialist issues; workforce issues; and access to care, including disparities in care.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $7,800,000 to be available annually to fund approximately 15 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2021 through June 30, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the NRSA program in subsequent fiscal years, satisfactory recipient

performance, and a decision that continued funding is in the best interest of the federal government. HRSA may reduce recipient funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in application.

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

Limitations on indirect cost rates

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

III. Eligibility Information

1. Eligible applicants

Eligible entities are programs that were funded between 2011 through 2020, under sections 736, 739, or 747 of the Public Health Service (PHS) Act." A list of the programs can be found in Appendix A.

Faith-based and community-based organizations are eligible to apply for these funds. Tribes and tribal organizations may apply for these funds, if otherwise eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Trainee Eligibility

The individual to be trained must be a citizen or a noncitizen national of the United States or have been lawfully admitted for permanent residence at the time of appointment. Additional details on citizenship, training period, and aggregate duration of support are available in the [NIH Grants Policy Statement](#).

The Project Director should limit trainee appointments to individuals who are committed to a research career and who plan to remain in training for <u>no less than two years</u>, whether that support comes from a training grant or some combination of NRSA and non-NRSA support programs. NIH uses the term program director rather than project director. For purposes of this NOFO, the terms are used interchangeably.

All trainees are required to pursue their research training on a full-time basis, normally defined as devoting at least 40 hours per week to the NRSA program or as specified by the grantee in accordance with its own policies. Appointments are normally made in 12-month increments, and no trainee may be appointed for less than 9 months during the initial period of appointment. Within the full-time training period, research trainees who are also clinicians must devote their time to the proposed research training and must confine clinical duties to those that are an integral part of the research training experience. Trainees may not accept NRSA support for clinical duties if such duties are part of residency, traineeship or fellowship training leading to clinical certification in a medical or dental specialty or subspecialty or if they are clinical moonlighting activities. It is permissible and encouraged, however, for clinicians to engage in NRSA supported full-time, postdoctoral research training even when that experience is creditable toward certification by a specialty or subspecialty board.

Postdoctoral trainees must have received, as of the beginning date of the NRSA appointment, a Ph.D., M.D., D.O., D.D.S., D.M.D., or comparable doctoral degree from an accredited domestic or foreign institution. Comparable doctoral degrees include a D.N.P., Psy.D., Pharm.D., and MD-equivalent degrees. The MBBS or MB ChB degrees, are considered a comparable doctoral degree if a trainee's degree has been certified by the Educational Commission for Foreign Medical Graduates (ECFMG).Trainees must meet the citizenship eligibility criteria and be otherwise an appropriate candidate for NRSA support.

Documentation by an authorized official of the degree-granting institution certifying all degree requirements have been met prior to the beginning date of the training appointment is required.

The period of any NRSA award made to an individual may not exceed three years in the aggregate for post-doctoral training, unless the Secretary waives the limit to such individual for good cause.

Multiple Applications

Multiple applications from an organization are not allowable. An "organization" for this NOFO is defined by having a valid Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI).

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

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov 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 each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-013, 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. 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.**

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

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

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

Program-Specific Instructions

Program Requirements

1. Plan, develop and/or enhance a program for the training of postdoctoral professionals who are planning to pursue careers in biomedical and/or behavioral health research related to primary care.

2. Develop recruitment and retention strategies to increase the number of women and individuals from disadvantaged backgrounds (including racial and ethnic minorities) who are planning to pursue careers in biomedical and/or behavioral health research related to primary care.

3. HRSA has particular interest in primary care practice or education as well as one or more of the following research topics and encourages NRSA-supported research able to advance these fields.
   - health promotion, prevention, and population health;
   - early detection, treatment, and management of acute, episodic, chronic and multiple chronic diseases;
   - early detection, treatment and management of behavioral health disorders including Opioid Use Disorder (OUD), Post-Traumatic Stress Disorder (PTSD), primary and secondary trauma for those who have experienced or witnessed violence; or
   - other topics related to primary care.

   Research topics must be reviewed and approved by HRSA prior to initiating the project.

4. Include funding in budget for trainees to attend the Academy Health Annual Research Meeting and for project directors to attend an annual HRSA meeting in Rockville, Maryland.

5. Provide a budget that reflects a 2 percent annual increase in stipends for postdoctoral trainees using the [NRSA Stipends, Tuition/Fees and Other Budgetary Levels](#) for each budget year of the project period.

6. Ensure project directors and trainees attend HRSA quarterly webinars.

7. Develop and execute a plan to collect post-graduation employment demographics with graduates from the NRSA program for at least five (5) years after they complete the NRSA program. Award recipients must require trainees with eligible qualifications to apply for a [National Provider Identifier (NPI)](#) number and collect the NPI numbers of trainees who already have them.

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

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

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
3. Which of the clinical priorities will be addressed by the project, and
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

ii. *Project Narrative*

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

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

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

You must describe the purpose and need for the proposed project, including the following:
1. Needs of the institution, the community, and the public/nation that will be addressed by the proposed project.

2. Needs for primary care research that the proposed project will address, particularly as they are relevant for promoting HHS's goals and priority areas.

3. Need to recruit trainees from diverse backgrounds, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities.

4. Shortages and needs for additional postdoctoral professionals focused on research in primary care capable of transforming health care delivery.

5. The size and qualifications of the pool of trainee candidates including information about the types of prior clinical and research training and career levels required for the 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).*

Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. A sample work plan can be found here:

http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

1. Identify the objectives and sub objectives for the project to provide the framework for activities for each year of the project.

2. 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 for each year of the period of performance.

3. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the activities designed to address the needs described in the Purpose and Need section.

4. Explain how the work plan is appropriate for the program design and how the indicators for key activities fit into the overall timeline of grant implementation. Provide the implementation timeline for the period of performance throughout the five year period of performance.

5. Identify support and collaboration with key stakeholders, state and local health departments in planning, designing and implementing all activities, including development of the application and, the extent to which these contributors reflect trainees from diverse backgrounds, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities).

6. If funds will be sub-awarded or expended on contracts describe how your organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management documentation.

7. Describe the plan for actions to recruit and admit trainees and to retain them to graduation. Provide actions to be taken to mandate participants with eligible qualifications to acquire NPI numbers. The Work Plan must also provide a timeline for the recipient's evaluation plan.

8. Attach the Work Plan in a chart format as **Attachment 1.**

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

  1. Describe your objectives (specific, measureable, achievable and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs.

  2. Propose methods that you will use to address the stated needs and meet each of the program requirements and expectations in this NOFO.

  3. Provide evidence for how your program will develop/enhance and operate a program for training of postdoctoral trainees to advance research in primary care.

  4. Include a plan for dissemination of trainees' research findings.

  5. Provide a training chart with projected number of trainees to be admitted and graduated from the program each year of the project.

  6. Demonstrate an ability to recruit well-qualified trainees from diverse backgrounds, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities).

  7. Provide each trainee in the program with instruction and training in oral and written presentation, leadership skills, project management, and in skills needed to apply for individual fellowship or grant support.

  8. Provide structured, career development advising and learning opportunities (e.g., workshops, discussions, Individual Development Plans).

  9. Provide a one page logic model appropriate for designing and managing the project that includes objectives, activities, and short, intermediate and long term outcomes and attach as **Attachment 7.**

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 to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., 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 or deliverables 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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website:
http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

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

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

  1. Describe challenges related to achievement of program objectives, carrying out the work plan according to the proposed timetable, and project implementation.

  2. Describe challenges in recruiting trainees and/or faculty for the NRSA program.

  3. Describe challenges related to workforce development, such as recruitment and retention of trainees from diverse backgrounds, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities) to the NRSA program.

4. General challenges related to training as defined by this NOFO.

For each challenge, describe optional plans to resolve the challenge.

- *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 program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; and a description of how all key evaluative measures will be reported.

1. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.

2. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program.

3. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results such as publications and presentations, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

4. Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: *http://bhw.hrsa.gov/grants/reporting/index.html.*

5. Describe your process to track trainees with eligible qualifications after program completion/graduation for up to 1 year, to include collection of trainees' NPI numbers.

6. Describe your plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/

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

1. Training program characteristics;

2. Efforts to enhance recruitment/retention of trainees; and

3. Number of and demographic characteristics of residents trained.

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

  Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. 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 Review Criterion #4*

  Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations (a project organizational chart is requested in Section IV.2.v./vi., **Attachment 4**). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

  Describe the following:
  1. The assets and past experience of your organization in training postdoctoral health care professionals.

  2. The mission of the institution, particularly related to research in primary care.

3. Capacity of the faculty to provide the didactic experiences for trainees, and evidence of linking training to best practices.

4. Documentation of a qualified staffing plan as **Attachment 2** and project organizational chart as **Attachment 4.**

5. Evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, provided in **Attachments 3 and 9;**

6. If funds are provided for some activities through sub awards or expended on contracts, describe how the sponsoring institution will ensure that the funds are properly used and monitored, including policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

7. Program administration's acknowledged strengths, leadership and administrative skills, training experience, scientific expertise, and active research of the project director. Relate these strengths to the proposed management of the training program. Describe the planned strategy and administrative structure to be used to oversee and monitor the program.

8. Faculty who will be available to serve as mentors and provide guidance and expertise appropriate to the level of trainees proposed in the application. Describe the complementary expertise and experiences of the proposed program faculty, including active research and other scholarly activities in which the faculty are engaged, as well as experience mentoring and training individuals at the proposed career stage(s). For any proposed Program Faculty lacking research training experience, describe a plan to ensure successful trainee guidance by these individuals. Describe the criteria used to appoint and remove faculty as Program Faculty and to evaluate their participation.

9. Applicants must describe in detail the primary care research areas that are strengths of the project director and faculty that will train further health care providers in conducting research. A list of relevant peer-reviewed publications by the Project Director and faculty should be included in **Attachment 8**.

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
  - Board Certification

- *Section* A *(required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any federal government public advisory committee.

- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. *Budget*

The directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the 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.

Grant funds may be used for the cost of training-related expenses (including the cost of faculty salaries, supplies, equipment, general research support, and related items). Grant funds may not be used for faculty development.

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 <u>forms</u> 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.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and 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 60 page limit.

In addition, the NRSA program requires the following:

Annual Project Director Meeting: Include funding in budget for project directors to attend an annual HRSA meeting in Rockville, Maryland.

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

S*tipends:*   Stipends are subsistence allowance for trainees to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program. Stipend level is based on the number of full years of relevant postdoctoral experience at the time of appointment. Relevant experience may include research experience (including industrial), teaching, internship, residency, clinical duties, or other time spent in full-time studies in a health-related field following the date of the qualifying doctoral degree. For appointments of less than a full year, the stipend will be based on a monthly or daily proration. The monthly stipend amount is calculated by dividing the current annual stipend by 12. The daily stipend is calculated by dividing the current annual stipend by 365. Appointments for less than one year must be justified. Stipend amounts for trainees may be found at [Ruth L. Kirschstein National Research Service Award (NRSA) Stipends, Tuition/Fees and Other Budgetary Levels.](#) Budget must reflect a 2 percent annual increase in stipends for postdoctoral trainees for each budget year of the period of performance.

Training Related Expenses: Institutional costs of up to $7,850 per year per postdoctoral trainee may be requested to defray the costs of other research training expenses, such as health insurance, administrative staff salaries, consultant costs, equipment, research supplies, and faculty/staff travel directly related to the research training program. An applicant's proposal must include funding for trainees to attend the AcademyHealth Annual Research Meeting where trainees present their research.

Tuition and Fees: Tuition and fees for individual postdoctoral trainees is equal to 60 percent of the level requested by the applicant institution, up to $4,500 per year. If the program supports postdoctoral individuals in formal degree-granting training, the amount provided per trainee enrolled in a degree-granting program is up to $16,000 per year.

***The allowable stipend, training related expenses and tuition and fees may be adjusted annually.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria	Review Criterion Points
Purpose and Need	(1) Purpose and Need	15
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	35 (a) 15 (b) 15 (c) 5
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	20 (a) 10 (b) 10
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities	20
Budget and Budget Justification Narrative	(5) Support Requested	10
		100

v. *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 limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Work Plan *(Required)*
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide*) *(Required)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please 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 Support *(As Applicable)*
Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

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: Annual Training Chart *(Required)*
Applicants must also include an annual training chart that indicates the number of trainees the organization plans to train through the proposed activities. The chart must include information on the following:
- The number of trainees proposed to train each year;
- The number of trainees projected to complete the program each year;
- The number of underrepresented minorities projected to train each year; and
- The number of trainees from a disadvantaged background projected to train each year.

Attachment 6 Accomplishment Summary (For Competing Continuations Only)
A well-documented accomplishment summary can be of great value by providing a record of accomplishments. It is an 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. More specifically, the report should include:

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

Attachment 7: Logic Model *(Required)*
Provide a logic model that presents the conceptual framework for your project. If you will make sub awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 8: Relevant Faculty Peer Reviewed Publications *(As Applicable)*
Provide a list of relevant primary care research peer reviewed publications by the Program Director and proposed faculty for the last ten years, not to exceed two pages. Do not include information that is in the bio sketch.

Attachment 9: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) *(As Applicable)*
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 10: Eligibility Documentation *(Required)*
Provide documentation of eligibility that includes (1) name of the HRSA program, (2) grant or contract number, (3) date of award(s), and (4) institution that received a grant or contract.

Attachments 11: Other Relevant Documents *(As Applicable)*
> Include here any other document that is relevant to the application including additional letters of support.

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. Beginning in December 2020, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov) For more details, visit the following: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update page.

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

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 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 (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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 federal-wide. Effective January 1,

2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within the 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 located at 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 *November 9, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Ruth L. Kirschstein National Research Service Award is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $500,000 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, HHS can process applications and issue Notices of Awards 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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

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

Faculty Development
Grant funds may not be used for faculty development.

Trainee Payback Obligation
NRSA recipients incur a service payback obligation. Each individual who is supported through the NRSA program shall engage in research training, research, or teaching that is health-related (or any combination thereof) for 12 months or for one month for each month of training, whichever is less. For individuals who are supported through NRSA for more than 12 months, the 13th month and each subsequent month of performing activities under the Award shall be considered to be activities engaged in the satisfaction of this requirement, subject to any period of deferral. Service payback obligations can also be paid back after termination of NRSA support by conducting primary care health related research or teaching on average more than 20 hours per week of a full work year. A NRSA recipient must begin to undertake the service on a continuous basis within two years after the expiration or termination for his or her Award.

The recipient institution is responsible for explaining the terms of the Payback Agreement Form to all prospective training candidates before their appointment to the training grant.

Project Director
The project director should be an established researcher with a successful past training record and capable of providing both administrative and scientific leadership to the development and implementation of the proposed program. The project director must be employed by the awarded applicant organization and dedicate a minimum of 20 percent of his/her time (may be in-kind or funded) to grant. The program director must have a Ph.D., M.D., D.O., D.N.P., Psy.D., Pharm.D., or comparable doctoral degree and a minimum of 3 years practicing or teaching in primary care so they understand the issues pertinent to primary care. The NRSA research training program director at the institution will be responsible for the selection and appointment of trainees to the NRSA research training grant and for the overall direction, management, and administration of the program.

Mentors
Mentors should have strong records as researchers, including recent publications and successful competition for research support in the area of the proposed research training program and experience in specific methodological and topical areas related to areas such as behavioral sciences, statistics, and clinical sciences related to primary care. Program faculty should also have a record of research training, including successful, former trainees who have established productive careers. Researchers from diverse backgrounds, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities), are encouraged to participate as mentors.

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.

Review criteria are used to review and rank applications. The NRSA Program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need

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

1. A project that prepares qualified individuals for careers in primary care research that will have significant impact on the nation's primary care research agenda; and (2) result in a highly trained workforce, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities) available to assume leadership roles in the area of primary care research.

2. The needs of the institution and community and how the needs identified align with the goals of the NRSA program.

3. Needs for primary care research that the proposed project will address, particularly any relevance for promoting HHS's goals.

4. Trainee disciplines, their roles in primary care research, and the training needs of the disciplines.

5. Shortages and needs for additional postdoctoral professionals focused on research in primary care capable of transforming health care delivery.

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

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

The extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description must include timeline, stakeholders, and a description of populations and communities served:

1. The feasibility of the proposed objectives and sub objectives for the project to provide the framework for activities for each year of the project.

2. The application clearly describes the timeframes, deliverables, and key partners required during the grant period of performance to address each of the activities described in the Purpose and Need section and objectives in the Methodology section for each year of the project.

3. The application clearly describes how the work plan is appropriate for the program design and how the indicators for key activities fit into the overall timeline of grant implementation. Provide the implementation timeline for the five year period of performance.

4. The application clearly identifies support and collaboration with key stakeholders, state and local health departments, in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.

5. The application clearly describes sub-awards or contracts, and how your organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management documented.

6. The application clearly describes the plan for actions to recruit and admit trainees and to retain them to graduation and actions to acquire NPI numbers as appropriate.

7. The application clearly describes a timeline for your evaluation plan.

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

The extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. The reviewers will assess the extent to which the applicant:

1. Provides recruitment and retention strategies that are likely to be successful and provides a clear training chart by academic year and discipline for each year of the period of performance.

2. Provides a plan to collect post-graduation employment data, including demographics, from graduates from the programs. Provides a plan or statement that they will require trainees to apply for a NPI number and collect these numbers for BHW performance reports.

3. Provides a logic model, found in **Attachment 7,** for conceptualizing, managing and evaluating the project that provides a comprehensive framework for the project.

4. Provides documentation that grant funded and in-kind key personnel (including preceptors) are qualified to carry out their proposed scope of work and spend sufficient time and effort on the project for the projected number of trainees.

5. Evidence of a dissemination plan for the trainees' research findings.

6. The application clearly demonstrates an ability to recruit well-qualified candidates to the training program and clearly describe for whom the training program is intended, including the training level(s) of the trainees, the academic and research background needed to pursue the proposed training, and, as appropriate, plans to accommodate differences in preparation among trainees.

7. The programs build competencies and skills needed for intercultural understanding and expand cultural fluency, bring people of various backgrounds and experiences together, and facilitate innovative and strategic practices that enhance the health of all people.

8. Evidence of courses, mentored research experiences, and any activities designed to develop specific technical skills or other skills essential for the proposed research training to highlight training in oral and written presentation, leadership skills, and project management and in skills needed to apply for individual traineeship or grant support.

9. Evidence of structured, career development advising and learning opportunities (e.g., workshops, discussions, Individual Development Plans).

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

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

1. Challenges related to achievement of project objectives, carrying out the work plan according to the proposed timetable, and project implementation;

2. Challenges in recruiting trainees, including women and individuals from disadvantaged backgrounds (including racial and ethnic minorities), and/or faculty for the NRSA program; and

3. Provides potential solutions for resolving each challenge.

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

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

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

1. The strength and effectiveness of the method proposed to monitor and evaluate the project results.

2. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

3. The application incorporates data collected into program operations to ensure continuous quality improvement.

4. The evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes.

5. The application anticipates obstacles to the evaluation and proposes how to address those obstacles.

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

The extent to which the application describes:

1. A solid plan for project sustainability after the period of federal funding ends and identifies those activities that are most likely to be sustained.

2. Likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

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

The extent to which the application demonstrates:

1. The assets, past experience, and capabilities of the applicant organization's capacity to meet program requirements.

2. Qualifications and capacity of the faculty to provide instruction in research activities.

3. Project personnel are qualified by training and/or experience to implement the project. This will be evaluated both through the project narrative and the attachments. Documentation of a qualified staffing plan as **Attachment 2** and project organizational chart as **Attachment 4.**

4. Evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty, staff and resources, and other partners providing support, provided in **Attachments 3 and 9**

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

The extent to which the application demonstrates the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the research activities, and the anticipated results and includes the following:

1. The costs, as outlined in the budget narrative justification and required resources sections, are reasonable, allocable, allowable and necessary given the scope of work.

2. Key personnel have adequate time devoted to the project to achieve project objectives.

3. Trainee stipends and other costs are reasonable and supportive of the project objectives.

2. Review and Selection Process

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

This program does not have any funding preferences or funding priorities or special considerations.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2021. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Acknowledgement of Federal Funding and Disclaimer
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs. This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

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.

Human Subjects Protection
Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

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

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

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

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

Further information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the 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 *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs system. More specific information will be included in the NoA.

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

VII. Agency Contacts

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

Shelia Burks
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6452
Email: sburks@hrsa.gov

You may request additional information regarding the programmatic issues related to this NOFO by contacting:

Svetlana Cicale, MA, MPH
Program Officer
Attn: Funding Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-130D
Rockville, MD 20857
Telephone: (301) 443-7271
Email: scicale@hrsa.gov

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

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

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

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

VIII. Other Information

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

Tips for Writing a Strong Application

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

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

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

Appendix A: Programs that were funded between 2011 through 2020, under sections 736, 739, or 747 of the Public Health Service (PHS) Act

Program	NOFO Announcement #
Academic Administrative Units in Primary Care	HRSA-11-153
Academic Units for Primary Care Training and Enhancement	HRSA-16-041
Centers of Excellence	HRSA-12-008
Centers of Excellence	HRSA-15-043
Centers of Excellence	HRSA-17-065
Centers of Excellence	HRSA-18-009
Coordinating Center for Interprofessional Education and Practice	HRSA-12-184
Faculty Development in Primary Care	HRSA-11-154
Health Careers Opportunity Program	HRSA-11-065
Health Careers Opportunity Program	HRSA-14-144
Health Careers Opportunity Program	HRSA-15-042
Health Careers Opportunity Program	HRSA-18-087
Physician Assistant Training in Primary Care (PCTE)	HRSA-11-162
Physician Assistant Training in Primary Care (PCTE)	HRSA-12-024
Pre-Doctoral Training in Primary Care (PCTE)	HRSA-11-155
Primary Care Medicine and Dentistry Clinician Educator Career Development Awards	HRSA-17-072
Primary Care Training and Enhancement	HRSA-15-054
Primary Care Training and Enhancement	HRSA-16-042
Primary Care Training and Enhancement - Integrating Behavioral and Primary Care	HRSA-19-086
Primary Care Training and Enhancement - Physician Assistant Training in Primary Care	HRSA-19-087
Residency Training in Primary Care (PCTE)	HRSA-11-156
Residency Training in Primary Care (PCTE)	HRSA-20-008
Training in Primary Care Medicine-Interdisciplinary and Interprofessional Graduate Joint Degree Program (PCTE)	HRSA-12-025
Training Primary Care Champions	HRSA-18-013

* If you received an award between 2011 through 2020, under sections 736, 739, or 747 of the Public Health Service (PHS) Act that is not listed, please include the announcement number and HRSA will verify to determine eligibility.