U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Primary Care Dental Faculty Development Program

Funding Opportunity Number: HRSA-21-018
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.976

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: May 21, 2021

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: March 22, 2021

Jennifer Holtzman DDS MPH
Dental Officer, Bureau of Health Workforce
Telephone: (301) 945-3368
Email: JHoltzman@hrsa.gov

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Primary Care Dental Faculty Development Program. The purpose of this program is to create a Primary Care Dental Faculty Development Center (Center) which supports the career development of junior primary care dental faculty (Trainees) [Doctors of Dental Surgery (DDS), Doctors of Dental Medicine (DMD), and Dental Hygienists (DH)] through training and development activities led by the Center and subawards made to the institutions that employ the junior faculty.

The goals of the program are for the Center to serve as a resource and training hub to support the development of Trainees and for those Trainees to develop the necessary skills to (a) support their development as future clinical educators and leaders in primary care dentistry, (b) develop the necessary skills to conduct primary care dental faculty development activities at their home institutions and in community-based clinical primary care settings (such as Community Health Centers (CHCs)) and other entities in rural and/or medically underserved settings), (c) integrate oral health and primary care, and (d) teach how to provide oral health care across the life span as part of age-friendly health systems. An award will support the Center's training and development activities and subawards to the institutions that employ the junior faculty to support two, 2-year cohorts of a minimum of six individual junior faculty candidates (per each cohort).

Funding Opportunity Title:	Primary Care Dental Faculty Development Program
Funding Opportunity Number:	HRSA-21-018
Due Date for Applications:	May 21, 2021
Anticipated Total Annual Available FY 2021 Funding:	$700,000
Estimated Number and Type of Award(s):	1 award
Estimated Award Amount:	Up to $700,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2026 (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 with a CODA accredited primary care dental residency program. 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.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Primary Care Dental Faculty Development Program.

Program Purpose
The purpose of this program is to create a Primary Care Dental Faculty Development Center (Center) to support the career development of junior primary care dental faculty (Trainees) [Doctors of Dental Surgery (DDS), Doctors of Dental Medicine (DMD), and Dental Hygienists (DH)] in accredited schools of dentistry through a cooperative agreement. This Center will support the development of Trainees as future clinician educator faculty and leaders in primary care dentistry. Trainees will gain the skills to be able to develop and implement sustainable academic faculty development activities at their home institutions and in community-based clinical primary care sites/primary care delivery systems, such as Community Health Centers (CHCs).

Program Goals
The goals of the program are for the Center to serve as a resource and training hub to support the development of Trainees, and for those Trainees to develop the necessary skills to (a) support their development to become future clinical educators and leaders in primary care dentistry, (b) develop the skills to conduct primary care dental faculty development activities in community-based clinical primary care settings (such as CHCs and other entities in rural and/or medically underserved settings), (c) integrate oral health and primary care in training and practice, and (d) teach how to provide oral health care across the life span as part of age-friendly health systems.

The award recipient will establish a Primary Care Dental Faculty Development Center (Center) that will create, maintain, or improve an institutional dental faculty development program to position Trainees for an academic career in primary care dentistry. Trainees will be selected from other institutions and up to one trainee may be selected from the award recipient per cohort. The proposed institutional faculty development program may complement other ongoing training and career development programs. The Center will make subawards to the institutions that employ the junior faculty Trainees in order facilitate their training.

Program Objectives
The awarded institution (Center) will:
1. Create a curriculum and training/career development materials that will be used to prepare and develop Trainees for an academic career in primary care dentistry to address the above program purpose and goals. Training and career development materials must be tailored to the specific needs of the Trainees and the resources available to them at their home institution.
2. Advertise the Center's program to leadership of eligible entities and request applications.

3. Assist potential home institution applicants, when appropriate, in the development of an internal, objective process to: select Trainee candidates and, identify an internal mentor to advise, guide and supervise the Trainee candidate in the planning, directing, executing and evaluating the proposed activities in the Trainee's proposed Faculty Career Development Plan.
4. Ensure trainees spend at least 55 percent of their full-time equivalent (FTE) professional effort in a 2-year faculty development training program.
5. Review and select up to six different home institutions from applications submitted to the Center.
6. Support training and career development for two cohorts of not less than six Trainees for two, 2-year faculty development program cohorts starting in Years 2 and 4 of the cooperative agreement for a total of no less than twelve Trainees across the entire 5-year grant period. The first cohort starts in Year 2, the second cohort in Year 4. There should be no more than one Trainee per cohort from the Center's own institution and at least five Trainees per cohort from other dental institutions. Trainees should come from institutions that represent as many HHS regions as possible.[1]

At the end of their participation in the two year program, Trainees will have developed the ability to: 1) Identify and leverage existing faculty development training and resources available to their home institution and 2) Lead dental health care transformation in primary care settings such as CHCs, as evidenced by their ability to:

1. Teach health providers how to work in interprofessional[2] teams of health care professionals, integrate oral health and primary care, and assess and address the primary care and oral health needs of individuals across the lifespan;
2. Advance the provision of oral health care within age-friendly health systems that assess and address the social determinants of health, health disparities and health inequities;
3. Assess short and long-term impact of primary care dentistry training programs through National Provider Identifiers (NPI);
4. Apply individual, community and population level approaches to assess and improve health outcomes as a result of faculty development activities;
5. Integrate tele-technologies (tele-education and telehealth) in training and patient care, to better provide care for underserved, vulnerable and rural populations, and to facilitate virtual teaching/learning, for example: teleprecepting, telementoring, project ECHO[3], live video, remote patient monitoring, or other technology as appropriate; and

---

[1] Map of HHS regions https://www.hhs.gov/about/agencies/iea/regional-offices/index.html

[2] The Advisory Committee on Interdisciplinary, Community-Based Linkages recommends using the term "interprofessional" in place of "interdisciplinary" because it is more inclusive of all healthcare professionals.

[3] Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. For more information see: https://echo.unm.edu/.

6. Build the pedagogical skills of Preceptors at the Trainee's home institution to enhance their teaching of clinical dentistry in primary care settings such as CHCs and other entities in rural and/or medically underserved settings

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 on improving the nation's access to well-trained dentists and dental hygienists by supporting various dental training programs, including pre- and post-doctoral training programs for dental students, traineeships, and fellowships. For more information about HRSA's oral health workforce training programs, please go to https://bhw.hrsa.gov/grants/oralhealth.

Dental schools continue to face challenges recruiting and retaining faculty. These challenges will be exacerbated with the anticipated increase in the number of vacant dental faculty positions as faculty retire, leave to pursue a private practice, or find employment at another dental school.[4] Dental faculty recruitment and retention are further hampered by rigid organizational structures in dental education, noncompetitive salaries and a lack of formal faculty development; clinical faculty are often given large teaching workloads which can make it even more difficult to engage in additional scholarly activity and pursue opportunities to obtain leadership and academic promotions.[5,6] Though there have been substantive improvements in faculty development in the last 20 years, less than half of U.S. and Canadian dental schools report having offices dedicated to faculty development. The majority of dental school faculty including clinical faculty have no formal training in teaching methodologies and little-to-no access to formal faculty development.[7,8,9]

Primary care dental workforce shortages limit access to high quality health care. The demand for general dentists is predicted to outpace supply by 2030 particularly in underserved communities.[10] Evidence suggests that faculty in health professional schools can serve as role models that drive both primary care career choices and

---

[4] The American Dental Education Association's infographic Number of Full-Time and Part-Time Dental School Faculty by Gender, Race and Ethnicity, 2018-2019 Academic Year https://www.adea.org/data/Faculty/2018-2019-Survey/ accessed 12.18.2020

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

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

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

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

[9] Ungard JT, Beck E, Byington EA, Catalanotto FA, Chou C-F, Edelstein BL, Fenesy KE, Hicks JL, Holtzman JS, Jung P, Kritz-Silverstein D, Kovarik RE, Rogers S, Sabato EH. Outcomes from the Health Resources and Services Administration's Dental Faculty Development Program. J Dent Educ. June 2020 doi: 10.1002/jdd.12192

[10] Oral Health Workforce Projections 2017-2030. Dentists and Dental Hygienists. National Center for Health Workforce Analysis. Health Resources and Services Administration. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/oral-health-2017-2030.pdf

practice choice location.[11,12] Therefore, resilient and well-prepared primary care clinical instructors, particularly those providing instruction on how to care for the oral health needs of underserved and vulnerable populations, can positively influence dental students' and residents' practice choices. Robust, longitudinal faculty development programs for clinical faculty, including community-based faculty, faculty designees and preceptors working in community based facilities, can ensure that community based clinical education has strong foundations in teaching and evaluation. These programs can maximize trainees' experience and competence to build resources and infrastructure that promote clinical education in community-based training sites, and strengthen recruitment/retention of faculty designees/preceptors.[13,14,15] Well-prepared clinician educators can identify gaps in a dental student's or resident's skill set, develop an effective strategy to address those gaps, assess dental student/resident competence, and improve the educational process with calibrated instruction.

To achieve these ends, the Center will train junior faculty not only to further their own career development, but to be able to forward that training on to future Trainees. This approach of "training the trainers" to provide the skills necessary to advance the development of other faculty at their own institutions will address these problems, broaden the impact of the Center, and lead to a self-perpetuating cycle of training.

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 Primary Care Dental Faculty Development Program for Fiscal Year 2021:

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.[16]

Diversity – A multiplicity of human differences among groups of people or individuals. To

---

[11] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas. Available at: http://bhw.hrsa.gov/healthworkforce/supplydemand/nchwafactsheet.pdf.

[12] Connelly MT, et al. Variation in Predictors of Primary Care Career Choice by Year and Stage of Training. JGIM. 2003; 18(3):159- 69.

[13] Drowos J, Baker S, Harrison SL, Minor S, Chessman AW, Baker D. Faculty Development for Medical School Community-Based Faculty: A Council of Academic Family Medicine Educational Research

[14] McAndrew M, Horvath Z, Atiyeh LE. A Survey of Faculty Development in U.S. and Canadian Dental Schools: Types of Activities and Institutional Entity with Responsibility. JDE 2018 81(11):1127,

[15] Ungard JT, Beck E, Byington EA, Catalanotto FA, Chou C-F, Edelstein BL, Fenesy KE, Hicks JL, Holtzman JS, Jung P, Kritz-Silverstein D, Kovarik RE, Rogers S, Sabato EH. Outcomes from the Health Resources and Services Administration's Dental Faculty Development Program. J Dent Educ. June 2020 doi: 10.1002/jdd.12192

[16] The John A. Hartford Foundation & The Institute for Healthcare Improvement. (2018). Age-Friendly Health Systems. Retrieved from https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly-hospitals/ https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly-hospitals/

increase diversity is to enhance a person/group/organization's cultural competence—the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, (e.g., sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language) to address the populations and communities served.

Home Institution – The home institutions are the organizations that employ the junior primary care dental faculty/Trainees of this program. Home Institutions are subrecipients of the Primary Care Dental Faculty Development Center and subject to the same terms, conditions, and eligibility standards as the Center, including being accredited by the Commission on Dental Accreditation (CODA) before September 1, 2021.

Integrated health care delivery system – A delivery system which provides or aims to provide a coordinated continuum of services to a defined population and is willing to be held accountable for the outcomes and the health status of the population served. At a minimum, the proposed system must include collaborative practice across primary care health professions including dentistry, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided for all patients, including those with complex medical/behavioral health needs.

Interprofessional practice– The provision of care or services to a person or group of people by workers from two or more professions. [17]

Medically Underserved Community (MUC) – A geographic location or population of individuals that is eligible for designation by a state or the federal government as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor's Certified Shortage Area. As an umbrella term, MUC also includes populations such as people experiencing homelessness, migrant or seasonal workers, and residents of public housing.

Preceptors – For the purposes of this NOFO, this term means community-based faculty and faculty designees.

Primary Care Dental Faculty Development Center (Center) – Award Recipient Institution establishing a national center focused on the development of community-based primary care dental clinician educators.

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

Rural – A geographical area that is not part of a Metropolitan Statistical Area (MSA). To determine if a specific geographical area is considered rural, go to: https://data.hrsa.gov/tools/rural-health.

School of Public Health – An accredited public or nonprofit private school in a state that provides training leading to a graduate degree in public health or an equivalent degree.

Team-based care – Care delivered by intentionally created work groups of at least two health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

Trainee – For purposes of this NOFO, this term means junior primary care dental faculty. These are the "Program Participants/Trainees" of the program.

Vulnerable populations –These populations include but are not limited to 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.

II. Award Information

1. Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA Program involvement will include the following activities:
- Monitor and support implementation of the Project Work Plan through collaborative meetings and progress report reviews;
- Confer with the Center in the development of the faculty development training program and provide guidance related to the applications that would be most competitive for the program;
- Collaborate with the Center to identify appropriate outcome measures and evaluation plans;
- Collaborate with the Center on design strategies to disseminate best practices, available evidence, and evaluation tools; and
- Collaborate with the Center on their strategy to recruit home institutions including providing an outline/template/instructions for the solicitation/notices of the opportunity, and reviewing/approving of final solicitation

The cooperative agreement recipient's responsibilities will include the following activities:
- Meet weekly with the HRSA Project Officer;

- Confer with HRSA in the design and implementation of the solicitation/notice to recruit and objectively select applications from eligible entities to the Center who will comprise the Home Institutions that employ the program's Trainees. Geographic representation must be addressed in selecting dental institutions representing other HHS regions;
- Convey HRSA requirements to all home institutions who will be subrecipients and ensure compliance;
- Confer with HRSA in the development of the faculty training program as detailed below, and work with HRSA to refine and implement the Project Work Plan;
- Collaborate with HRSA to update the Project Work Plan at least annually;
- Collaborate with HRSA to identify appropriate outcome measures, evaluation plans, and dissemination strategies, and ensure eventual successful outcomes;
- Collaborate with HRSA to design strategies to disseminate best practices, available evidence, and evaluation tools, and implement those strategies;
- Review and select no fewer than six successful home institution applications for Trainees for each of the two cohorts. Of the six Trainees per cohort, there must not be more than one Trainee from the Center;
- Develop subrecipient agreements with the Trainees' home institutions that includes documentation that the Trainee will spend at least 55 percent of their FTE on their career development activities. Subrecipient agreements with home institutions must support the Trainee's 55 percent protected time and development activities, and includes both direct and indirect costs reimbursed at 8 percent, facilities and administrative costs;
- Review the career development plans submitted by the Trainees and their home institutions and provide input to strengthen the plans;
- Coordinate with HRSA to modify the faculty development program, if needed, to meet the program goals;
- Submit all materials for general distribution, including online materials, for HRSA review prior to publication;
- Plan and host a minimum of three, one-week face-to-face annual training sessions for each cohort; and
- Attend and participate in HRSA and related stakeholder meetings, as appropriate.

Planning year: A planning year is allowed (September 1, 2021-August 31, 2022). The planning year should be used to develop curricula, recruit potential home institutions/Trainee candidates and develop agreements with the Trainees' home institutions. Training of the first cohort must start by September 1, 2022 and must be completed by August 31, 2024. The second cohort must start by September 1, 2024 and must be completed by August 31, 2026.

During the planning year the Center must develop a curriculum that is interprofessional, and addresses diversity and health equity. In addition to including the skills identified under the program objectives, the curriculum must also address:
- Teaching: such as teaching methodologies including community based approaches, assessments, designing curricula, evaluation [models and tools] for health professional education;

- Scholarship: such as grantsmanship, clinical research methods; journal writing;
- Mentoring: such as the role of faculty development, delivering effective continuing education, models for mentoring clinical faculty; and
- Leadership: such as leading change, organizational change, conflict resolution, negotiation, managing resources, soft skills [hiring, firing, managing, networking, communication/interpersonal relationship skills, metacognitive analysis and reflexive listening].

Primary Care Dental Faculty Development Program applications should reflect flexibility to accommodate Trainees with different levels of prior training/experience and relevant coursework.

Trainee candidates' applications and HRSA's requirements.
Applications must be submitted by the home institution to the Center by the Dean or institutional equivalent of their home institution with the Trainee candidate clearly identified. Trainee candidates must be selected by their home institution as a part of an internal, objective application process. The application must identify an advisor/mentor to oversee the implementation of the Trainee's development activities at their home institution and the career development plan that will be submitted to the Center. The application must include how activities will be tailored to the specific needs and resources available at the home institution, the process by which the mentor will inform/engage the Dean or institutional equivalent along each step of the project, and clearly state that institutional support will provide no less than 55 percent protected time for training and faculty development activities. Trainees are required to **commit a minimum of 55 percent of full-time professional effort** to their primary care training and career development activities. In collaboration with the Trainee, the home institution will create a detailed description of the training and career development activities that will take place at the home institution which will be submitted to the Center for review. The Center will provide comments to strengthen the faculty development plan.

2. Summary of Funding

HRSA estimates approximately $700,000 to be available annually to fund one center and subawards to home institutions. You may apply for a ceiling amount of up to $700,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through August 31, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Primary Care Dental Faculty Development Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. The Center will provide subawards of up to $75,000 to each of the home institutions for each year of the two year training program (includes both direct and indirect, facilities, and administrative costs).

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75. HRSA subawards are subject to the requirements at 45 CFR part 75 as outlined in 45 CFR 75.101. The recipient is

responsible for conveying all HRSA requirements to the subrecipients (i.e., the home institutions), and for subrecipient monitoring.

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 subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation. Please see SF-424 R&R application indirect cost language. Please see *SF-424 R&R Application Guide* for details.

III. Eligibility Information

1. Eligible Applicants

Eligible applicant organizations 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 with an accredited primary care dental residency program. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply, if otherwise eligible.

The Center and subrecipient home institutions must be accredited by the Commission on Dental Accreditation (CODA) before September 1, 2021. HRSA will check the CODA website for accreditation confirmation.

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 ($700K) non-responsive and will not consider it for funding under this notice.

Page Limit
HRSA will consider any application that exceeds the page limit referenced in Section IV non-responsive and will not consider it for funding under this notice.

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

Maintenance of Effort

The recipient must agree to maintain 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). Complete the Maintenance of Effort information and submit as Attachment 6.

Multiple Applications

NOTE: Multiple applications from an organization with the same DUNS number or Unique Entity Identifier (UEI) are not allowable.

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

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

Beneficiary Eligibility Requirements

Eligible Trainees

Eligible Trainee candidates must hold a full-time non-tenured junior faculty appointment (i.e., instructor or assistant professor) at their CODA accredited home institution before the home institution's application is submitted. A Trainee's home institutions must provide protected time **(at least 55 percent of full-time professional FTE)** to the Trainee for their primary care training and career development activities in the 2-year faculty development program. The Trainee's faculty appointment at the home institution must not be contingent upon an agreement with the Center.

To be eligible to be a faculty development Trainee under the Primary Care Dental Faculty Development Program, a Trainee candidate must:

A. Have a health professional degree (DDS, DMD, DH).
B. Be a licensed dentist or dental hygienist.
C. Have a full time, non-tenured junior faculty appointment at an accredited dental school or dental hygiene school (i.e., instructor or assistant professor).
D. Be within 10 years of having graduated from a dental hygiene training program, a dental school, or from having completed a dental primary care residency (pediatrics, general dentistry, dental public health), or from having completed a post-professional degree.
E. Be a citizen, national, or permanent resident of the United States.

IV. Application and Submission Information

1. Address to Request Application Package

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

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 shall not exceed the equivalent of **80 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-21-018, 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 80 will not be read, evaluated, or considered for funding.**

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 #9: 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

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. 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 Priorities are being requested, if applicable.

ii. *Project Narrative*

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:

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

Briefly state the purpose of your proposed project and how it relates to the purpose of this funding opportunity. This section should present details about gaps to be filled and comprehensively document the training needs of junior primary care dental faculty.

This section should help reviewers understand the needs of the organization that would receive funding for training, as well as the needs of the Trainees they would ultimately serve. Applicants should describe how the healthcare of the population being served and their health outcomes will be improved through this project. Current data should be used and cited whenever possible to support the information provided.

Specifically, applicants will:
- Describe the current gaps in the career development of primary care dentistry clinician educator faculty;
- Describe the current gaps in training community-based clinical primary care dental faculty including how to work in interprofessional teams, the integration of oral health and primary care, and providing oral health care across the life-span in age-friendly health systems; and
- Describe your organization's capacity to provide Trainees training to develop skills and expertise in designing, implementing, and evaluating faculty development activities in clinical community settings and at their home institutions in the future.

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

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

Describe, in detail, your objectives and proposed activities, providing evidence how the objectives and activities 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 described in this NOFO. Objectives must be specific, measurable, realistic, and achievable within the period of performance. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
- Describe your plan to create a Primary Care Faculty Development Center and how you propose to develop a curriculum that includes all the required elements listed above;
- Provide evidence of your experience in faculty development of primary care dental faculty to become clinician educators/faculty leaders capable of teaching how to provide age-friendly oral health care across the life-span in primary care sites/delivery systems in rural and/or medically underserved areas;

- Describe strategies/activities to recruit eligible entities to apply to the Primary Care Dental Faculty Development Program with eligible, identified Trainees, including how you plan to make subawards to the home institution, ensure their compliance with all programmatic requirements and work with the home institution to successfully train junior faculty, including through partnerships with their institutions and the selection of the proposed mentor/advisor;
- Describe your strategy to address geographic representation by selecting home institutions representing other HHS regions;
- Describe how the proposed activities are expected to improve access, health equity, and quality of care for patients;
- Describe how you will develop a training plan to match the needs of the individual Trainees and provide them with the necessary mentorship, knowledge, skills (including pedagogical skills), and experience needed for academic career advancement; and
- Describe how you propose to ensure the that Trainees have acquired the necessary skills to have successful academic careers focused on enhancing the training of students and/or residents in primary care dentistry within community-based, interprofessional primary care settings in rural and underserved communities.

Describe how each 2- year Trainee cohort will prepare Trainees to:
- Apply the necessary skills in teaching, scholarship, mentoring, and leadership to facilitate their development;
- Develop skills in clinical teaching and curriculum development to teach how to provide oral health care in interprofessional teams of health care professionals, which includes: integrating oral health and primary care, and assessing/addressing the primary care and oral health needs of individuals across the lifespan through age-friendly health systems;
- Teach approaches for building competency in the delivery of healthcare that addresses the populations and communities served;
- Use NPI in order to assess the short and long-term impact of the home institution's training activities;
- Utilize individual, community and population level approaches to assess and improve health outcomes;
- Integrate tele-technologies (tele-education and telehealth) in training and patient care, particularly care for underserved, vulnerable and rural populations, and support more consistent teaching/learning, for example: teleprecepting, telementoring, project ECHO, live video, remote patient monitoring, or other technology as appropriate; and
- Become a successful primary care dental clinician educator able to develop, implement and evaluate sustainable interprofessional, community-based faculty development activities at their home institution in the future.

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: https://acf.hhs.gov/css/grant-funding/resources-grant-applicants.

Attach the Logic Model together with the Work Plan in Attachment 1.

- *(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).*
  Provide a detailed work plan in Attachment 1 (a sample work plan can be found here: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/workplantemplate.pdf). The work plan should include key milestones for each task or activity, timeframe for completion, and a description of the staff responsible. Describe key deliverables and/or products including evaluation and dissemination activities.

  - 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 award 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 design 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 reflect the populations and communities served.

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

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

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

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

    You must include evaluation as an objective of your proposed program, include it in the work plan, and describe how you will evaluate the impact of your program(s).

    You must describe how program performance and outcomes will be evaluated against the goals and objectives of your proposal:

    - What improvements you expect;
    - How you plan to measure those improvements; and
    - What level of achievement(s) will be considered successful?

    Describe the plan for program performance evaluation and the evaluation plan of the overall project and its effectiveness at achieving the stated goals and objectives beyond the grant period. 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; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. In the Attachments section (IV. 2. v., *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 measurement requirements for this program. At the following link, you will find the required data forms for this program: https://bhw.hrsa.gov/grants/reportonyourgrant. 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. 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.

- ▪ *(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. The Center is expected to sustain key elements of their projects, e.g., training of primary care dental school faculty for successful careers as clinician educators, which includes; training those clinician educators to lead faculty development of community based Preceptors. 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., *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 primary care dental faculty are routinely assessed and improved.

    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:

    o Institution and location

    o Degree (if applicable)

    o Date of degree (MM/YY)

    o Field of study

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

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

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

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

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.

Subawards/subcontracts

The Center will provide subawards of up to $75,000 to each of the home institutions for each of the two year training program (includes both direct and indirect, facilities

and administrative costs). 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.

The Further Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 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 (including subwards) 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 page limit.

In addition, the Primary Care Dental Faculty Development Program requires the budget to include three one-week face-to-face annual training sessions for each cohort.

  Travel: Center must fund:
- A minimum of three, one-week in-person training sessions annually for each cohort to take place at the Center (Years 2-5);
- Attendance of all members of each cohort annually at the Annual Session and Exhibition of the American Dental Education Association (Years 2-5).

- The travel costs for 'Key Personnel' and 'Other Personnel' will be listed in SF-424 R&R Section D. (Travel costs for Trainees will be listed under Participant/Trainee).

Participant/Trainee Support Costs: Primary Care Dental Faculty Development Program applicants will list all annual support for participant (Trainees) training needs, such as but not limited to attendance at training sessions, professional conferences, classes, education materials, travel allowances, registration fees, stipends or subsistence allowances. (These costs will be in SF-424 R&R Section E). Include a separate sub-total entitled "Total Participant/Trainee (Trainees) Support Costs" which includes the summation of all Trainee costs. Please note: participant support costs do not include salary and benefits.

Key Personnel and Other Personnel: Salary for secretarial and administrative assistants, or similarly positioned staff could be allowable as Other Personnel if these costs are necessary and reasonable.

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.

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

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

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

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

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 Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships within as well as 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

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

Attachment 5: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: Maintenance of Effort Documentation

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 2020 (Actual)      │    FY 2021(Estimated)    │        │
│   │                          │                          │        │
│   │ Actual FY 2020 non-      │ Estimated FY 2021 non-   │        │
│   │ federal funds,           │ federal funds,           │        │
│   │ including in-kind,       │ including in-kind,       │        │
│   │ expended for             │ designated for           │        │
│   │ activities proposed in   │ activities proposed in   │        │
│   │ this application.        │ this application.        │        │
│   │                          │                          │        │
│   │ Amount: $_____     │ Amount: $_____     │        │
│   │                          │                          │        │
│   └──────────────────────────┴──────────────────────────┘        │
│                                                                   │
└─────────────────────────────────────────────────────────────────┘
```

Attachment 7: Request for Funding Priority

> To receive a funding priority, include a statement that you are eligible for a funding priority and identify the priority. Include documentation of this qualification by uploading an attachment that: 1) clearly states which priority or priorities are being requested, 2) how each priority is met, 3) if applicable, include any required data and calculations, and 4) if applicable, provide references to relevant objectives, work plan, and activities. Identify the requested funding priorities in the Abstract as well. See Section V.2.

Attachment 8: Letters of Support

> Provide a letter of support for each organization, institution (including dental schools), 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 (Dean, 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 9: Other Relevant Documents

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

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 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 (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

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 *May 21, 2021 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 Primary Care Dental Faculty Development Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $700,000 per year (inclusive of direct **and** indirect costs). 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 Further Consolidated Appropriations Act, 2021 (P.L. 116-260). 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 next fiscal years, as required by law.

Funds under this notice may not be used for purposes specified 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 and subrecipients comply 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.

Please note: Funding restrictions for HRSA recipients and subrecipients regarding prohibition on certain telecommunications and video surveillance services or equipment are located at 2 CFR § 200.216. 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. 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.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Primary Care Dental Faculty Development Program has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application demonstrates:
- Understanding of the current gaps in the career development of primary care dentistry clinician educator faculty;
- Understanding of the current gaps in training community-based clinical primary care dental faculty including how to work in interprofessional teams, the integration of oral health and primary care, and providing oral health care across the life-span in age-friendly health systems; and
- The organization's capacity to provide Trainees training to develop skills and expertise in designing, implementing, and evaluating faculty development activities in clinical community settings at their home institutions in the future.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 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): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach
Describe, in detail, your objectives and proposed activities, providing evidence 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 of this NOFO. Objectives must be specific, measurable, realistic, and achievable within the project period. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

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;
- Proposes strong goals and objectives and their relationship to the identified project;
- Demonstrates your organization's ability to create a sustainable primary care dental faculty development training center including teaching, scholarship, mentoring and leadership;
- Demonstrates that you have an effective plan to recruit participating home institutions from across HHS regions;
- Demonstrates that you will match the needs of the individual Trainees providing the necessary skills, experience and mentoring for Trainees to advance in an academic career;
- Describes how you propose to collaborate with Trainees' home institutions to ensure the Trainee is able to commit a minimum of 55 percent of full-time professional effort to their faculty development training;
- Demonstrates you will have the capacity to train primary care junior faculty capable of developing and leading faculty development and interprofessional, dental education programs for community-based faculty; and
- Includes a logic model that is plausible and clearly connects the activities, short and long term outcomes, and goals of the training project.

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

The extent to which the application:
- Is clear and comprehensive, allows for tracking of project progress with specific goals and objectives, including evaluation, and includes the concrete steps that will be used to achieve those goals and objectives;
- Includes key milestones for each task or activity, timeframe for completion, and a description of the staff responsible;
- Describes the timeframes, deliverables, and key partners required during the award period of performance to address each of the needs described in the Purpose and Need section;
- Describes 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;
- Explains how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation;
- Describes key deliverables and/or products including evaluation and dissemination activities; and
- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of your application, and further, the extent to which these contributors reflect the populations and communities served.

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, implementation and evaluation of the project, as well as a plan for dealing with identified contingencies that may arise.

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

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

The extent to which the application:
- Demonstrates the proposed project will utilize individual, community and population level approaches to assess and improve health outcomes, if funded;
- Demonstrates that program performance evaluation monitors ongoing processes and progress toward meeting goals and objectives of the project as well as the project's effectiveness at achieving the stated goals and objectives beyond the grant period, 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), and provides a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes;
- Incorporates data collected into program operations to ensure continuous quality improvement;
- Describes a mechanism to effectively report on the measurable outcomes being requested. This includes both an 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: The strength and effectiveness of the method proposed to monitor and evaluate the project results. 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;
- Describes the process to assess performance outcomes of Trainees;
- Describes the procedure for educating Trainees in the collection, management, and storage of National Provider Identifiers (NPI);
- Anticipates obstacles to the evaluation and proposes how to address those obstacles; and
- Describes feasible and effective plans for dissemination of project results.

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 a solid plan for project sustainability after the period of federal funding ends e.g., how you will maintain key elements of the project such as training of primary care dental school faculty for successful careers as clinician educators

and training clinician educators to lead faculty development of community based Preceptors; and,

- Clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

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

The extent to which the application:
- Demonstrates project personnel are qualified by training and/or experience to implement and carry out the project as described in the narrative and through the *Staffing Plan and Job Descriptions for Key Personnel* (Attachment 2); and
- Demonstrates the capabilities of the applicant organization and the quality and availability of facilities, resources, and personnel to fulfill the needs and requirements of the proposed project supporting the creation of a Center to fulfill the purpose, goals and objectives listed above. Applications must include a letter of support from the Dean, or the institutional equivalent, of the applicant institution (Attachment 8) demonstrating a commitment to develop said Center for external and potentially internal junior faculty.

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 five-year period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results, including:
- The extent to which the budget narrative provides sufficient detail to determine what the funds requested will be used for and the reasonableness of the request; including indirect costs fixed at 8 percent and describes the entire project costs, including Trainee expenses and subawards;
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work for each year of the five-year project, including
  - the required three annual (during years 2-5), one-week in person trainings for each cohort to take place at the Center,
  - support for Trainees to be able to attend the annual American Dental Education Association (ADEA) meeting; and
  - subrecipient awards to Trainees' home institutions and collaborating entities; and
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In

addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

For this program, HRSA will use funding priorities.

Funding Priorities

This program includes a funding priority, as authorized by 42 U.S.C. § 293k-2(c). A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. The HRSA staff adjusts the score by a set, pre-determined number of points. The Primary Care Dental Faculty Development Program has seven (7) funding priorities. Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant's score. Up to 11 priority points are available across the seven (7) priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 11 priority points. These priority points will be in addition to the possible score of 100 total points as outlined in the review criteria. More specific information can be found under Attachment 7 requirements.

The instructions/criteria for each funding priority are provided below, and funding priority requests and justification narratives/data must be uploaded as Attachment 7. **Failure to *clearly* request or provide the requested information, documentation, or sufficient detail may result in denial of the applicant's priority request.** Applicants must use their judgment in deciding what information HRSA staff will need in order to grant the funding priority. Some funding priorities include important definitions (for words in italics -see Program Definitions section located in *Section I.2* of this NOFO).

<u>**For each priority requested, the applicant must provide:**</u>

- A concise narrative justification of why you qualify,
- The method(s) being used to request the priority,
- A reference to relevant Objectives, Work plan, and Activities, if applicable,
- A summary of the data requested if applicable,
- A complete calculation with numerator and denominator, if applicable, and
- Any additional required documents indicated below.

Priority 1: Collaborative Project (1 Point)

To qualify for this funding priority, you must 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)

This priority focuses on the number of program completers from your primary care training program who enter into and remain in the practice of primary care dentistry. There are two ways to qualify:

1) **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 (AY2018-19 & AY2019-20) is 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 (AY2018-19 & AY2019-20) who entered into, and remained in the practice of primary care dentistry is 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 AY2017-18 to AY2019-20. 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 AY2017-18 to AY2019-20 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 (1 Point) This priority focuses on your institution's record of training individuals who are from a rural or disadvantaged background or are an underrepresented minority. To qualify under for this priority, your application must confirm 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 Bureau of Health Workforce glossary) AND affirm that no trainee was counted more than once when making the calculation. To calculate the greatest percentage, include the following formula in your application:

$$\text{Percentage} = \frac{\text{\# current enrolled trainees who are underrepresented minorities or from rural or disadvantaged backgrounds (do not count trainees more than once in the numerator)}}{\text{Total number of trainees enrolled}} \times 100$$

Priority 4: Formal Relationships (2 Points)
To qualify for this priority you must have established, or plan to establish, a formal relationship with a 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 Attachment 3. To apply for this priority, you must provide sufficient documentation of the actual or pending working relationship.

Priority 5: Vulnerable Populations (2 Points)

To qualify for this priority, you must 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 (3 Points)

To qualify for this priority, your dental training program must include educational activities in cultural competency and oral health literacy. These activities must be one of your proposed objectives and included in your work plan.

Priority 7: Placement in Practice Settings (1 Point)

This priority focuses on the number of program completers from your primary care dentistry program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify:

1) **High Rate**

   To qualify under this method, you must provide a letter from the dean or program director of the applying training program at your institution that affirms that the percentage of program completers from your primary care dentistry program(s) placed in practice settings serving underserved areas or health disparity populations over the past two academic years (AY2018-19 & AY2019-20) is 40 percent or greater. You must include the actual percentage in the letter.

<center>OR</center>

2) **Significant Increase**

   To qualify under this method, you must provide a letter from the dean or program director of the applying training program at your institution that affirms that the percentage of program completers from your primary care dentistry program(s) placed in practice settings serving underserved areas or health disparity populations from AY2017-18 to AY2019-20 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.

Applicants may use any format to request priorities; however, this information must be submitted as Attachment 7. **Failure to *clearly* request and provide the below information, documentation or sufficient detail will result in the applicant's request for the priority being denied**. Attachment 7 should provide in one document a list of the priority(ies) being requested, clearly indicated by the number and name of the priority.

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 September 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*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department

regulations and policies in effect at the time of the award, and applicable statutory provisions.

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. The recipient is responsible for conveying all HRSA requirements to the subrecipients and for subrecipient monitoring. 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 *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 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. More specific information will be included in the NOA.

5) **Other required reports and/or products**. Copies of any materials disseminated including presentations, publications or posters should include the following acknowledgement and disclaimer:

"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 authors(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

6) **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.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

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: DNikiema@hrsa.gov

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

Jennifer Holtzman
Dental Officer,
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, 151N186A151N186A
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, 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

Technical Assistance

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

Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) will be posted 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.