

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

Regional Public Health Training Centers (PHTC) Program

Funding Opportunity Number: HRSA-22-055
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (AL/CFDA) Number: 93.516

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 24, 2022

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

Issuance Date: November 24, 2021

Megan Lincoln, MSW
Project Officer, Division of Nursing and Public Health
Telephone: (301) 443-2702
Email: mlincoln@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. §295a (Public Health Service Act, Section 766)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Regional Public Health Training Centers (PHTC) Program. The purpose of this program is to increase the number of individuals in the public health workforce, enhance the quality of such workforce, and improve the ability of the workforce to meet national, state, and local health care needs. This program aims to strengthen the public health workforce through tailored training and technical assistance (TA) through collaborative community-based projects involving state and local health departments, primary care providers, and related organizations (to include non-traditional partners) to help address critical local public health needs.

Funding Opportunity Title:	Regional Public Health Training Centers (PHTC) Program
Funding Opportunity Number:	HRSA-22-055
Due Date for Applications:	January 24, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$9,100,000
Estimated Number and Type of Award(s):	Up to 10 cooperative agreement(s)
Estimated Annual Award Amount:	Up to \$780,000 to \$1,105,000 per year, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022, through June 30, 2026 (4 years)
Eligible Applicants:	<p>Accredited schools of public health or another public or public nonprofit institutions accredited for the provision of graduate or specialized training in public health.</p> <p>For-profit entities are not eligible under this notice of funding opportunity (NOFO). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Regional Public Health Training Centers (PHTC) Program.

Program Purpose

The Regional PHTC Program seeks to increase the number of individuals in the public health workforce, enhance the quality of such workforce, and improve the ability of this workforce to meet national, state, and local health care needs. Specifically, this program aims to strengthen the public health workforce through tailored training and technical assistance (TA)¹ through collaborative community-based projects. Training curricula will provide skill-based, interactive instruction and quality education using multiple modalities (e.g., synchronous, asynchronous, distance-based, bi-directional video, and in-person), underscoring the current eight cross-cutting core public health competency domains in the primary areas of (1) analytical/assessment, (2) policy development/program planning, (3) communication skills, (4) cultural competency, (5) community dimension of practice, (6) public health sciences, (7) financial planning and management and, (8) leadership and systems thinking.² Each Regional PHTC must develop training in at least three primary areas listed above and may develop trainings in the sub competencies³ and beyond based on local health needs assessments. Regional PHTCs seek to develop current and future public health leaders through Leadership Institutes. Moreover, the program aims to establish and enhance collaborative partnerships among state and local health departments, primary care providers, and related organizations (to include non-traditional partners) as they work together to address critical local public health needs.

Program Goals

The goals of this program are to:

- 1) Increase the supply and diversity of public health professionals;
- 2) Enhance the quality of the public health workforce through student field placements, emphasizing placements with rural and/or medically underserved communities; and
- 3) Provide tailored quality training to address current and emerging public health needs.

¹ For purposes of this NOFO, the term technical assistance is defined as sharing information and expertise, training, and consulting services

² For the purpose of this Notice of Funding Opportunity current Public Health Core Competencies are available here

https://www.phf.org/programs/corecompetencies/Pages/Core_Competencies_Domains.aspx

³For the purpose of this Notice of Funding Opportunity current Public Health Sub Competencies are available here: [2021 Core Competencies for Public Health Professionals \(phf.org\)](https://www.phf.org/2021-Core-Competencies-for-Public-Health-Professionals)

Program Objectives

- Establish and/or expand regional Public Health Leadership Institutes that support enhanced training for a diverse cohort in public health and primary care leadership emphasizing the core public health competencies;
- Assess the public health staffing needs at all levels in the regions in which the centers will develop and plan quality trainings that meet Centers for Disease Control and Prevention (CDC) Quality Training Standards⁴ and/or Quality Standards for Training and Delivery⁵ that focus on core competencies, including real-time public health issues such as pandemic preparedness, chronic disease prevention and treatment, social determinants of health (SDOH), public health emergencies, health equity data collection, public health data and analytics/crowdsourcing, and other training gaps as identified in the assessment;
- Establish and/or strengthen relationships with entities such as Primary Care Associations (PCA), and local and state health departments, to collaborate and address critical local public health needs. This collaboration may include assisting in the formulation of workforce development plans, working with PCAs to maximize the primary care health workforce, and addressing other community needs;
- Establish or strengthen field placements for students at public or nonprofit private health agencies or organizations, including hospitals, community-based health care facilities, and non-traditional health care settings. In order to address health disparities and improve health equity, encourage students who are underrepresented minorities, or from disadvantaged background⁶ for placements with rural and/or medically underserved communities. Additionally, applicants are encouraged to expand field placements for preventive medicine resident at state or local health departments, community college students in the US Pacific Islands, and Tribal Colleges and Universities (TCU)⁷ as applicable;
- Designate a geographic area or medically underserved population to be served by the Center in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and
- Involve faculty members and students in collaborative projects to enhance public health services to rural and/or medically underserved communities to better address issues related to the social determinants of health.

HHS and HRSA Priorities

The Regional PHTC Program prioritizes transforming the workforce, increasing the supply of public health professionals; and enhancing the quality of such workforce through student field placements, emphasizing placements with rural and/or medically

⁴ CDC. Quality Training Standards. Available at https://www.cdc.gov/training/development/standards/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftrainingdevelopment%2Fstandards%2Findex.html

⁵ NNPHI Quality Standards for Training Design and Delivery. Available at <https://www.phlearningnavigator.org/sites/default/files/2019-04/Quality%20Standards%20for%20Training-031919.pdf>

⁶ For the purposes of this NOFO disadvantaged background means a person who comes from a social, cultural, or educational environment that has demonstrably and directly inhibited the person from obtaining knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program. Available at <https://bhw.hrsa.gov/glossary#d>

⁷ Aihec. Tribal Colleges and Universities. Available at <http://www.aihec.org/who-we-serve/TCUmap.cfm>

underserved communities, and including student field placements for the community college students in the US Pacific Islands and at TCU; and providing tailored training.

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [HHS Provider Obligations](#) and [HHS Nondiscrimination Notice](#). See [Section VIII. Other Information](#).

Promoting equity is essential to the Department's mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021).

[For more details, see Program Requirements and Expectations.](#)

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. Applicants must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to needs assessments, training development and implementation, and student placements.

2. Background

Regional PHTC Program is authorized by Section 766 of the Public Health Service (PHS) Act (42 U.S.C. § 295a).

Public health professionals work in a rapidly changing health care environment where public health roles and activities are being revised and refined. The onset of the COVID-19 pandemic has challenged the skills and abilities of the public health workforce. These professionals will need to develop a broader set of skills and competencies to deliver essential quality and integrative services.⁸⁹

State health departments play a large role in the development of their states public health infrastructure, but at many states top leadership level there is a lack of

⁸ Pacific Island Primary Care Association. The Region Health Workforce. Available at: <https://pacificislandspca.org/>

⁹ American Samoa Community College. 2016-2018 Academic Programs. Available at <https://amsamoa.edu/academicprograms.html>

preventative medicine doctors, a medical specialist who promote health and wellbeing and prevent disease, disability and death in communities. In addition to the need for preventative medicine doctors, a majority (61%) of individuals working as state health directors/officials hold an MPH, while the remaining 39% have no formal public health training.¹⁰

Despite improvements in public health workforce development and training, gaps in competency and quality training persist. Based on a recent analysis, according to the Public Health Workforce Interests and Needs Survey (PH-WINS),¹¹ the most critical are: business and financial management; systems and strategic thinking; developing a vision for a healthy community; change management; cross-sectoral partnerships; cultural competency/competence; data for decision-making; and effective communication. Reports indicate that using technology to develop innovative, collaborative learning experiences can improve knowledge and skills, and enhance a sense of community in learning.

The Regional PHTC Program funding has supported ongoing professional development and training for public health workers to ensure they are prepared to handle evolving public health needs in communities, their skills are kept up-to-date, and they have opportunities for career advancement. The Regional PHTCs work with Community Based Training (CBT) Partnerships (for definition, see Program Definitions and improve training by working closely with regional partners to assess overall community health needs, workforce trainings needs, and develop comprehensive and robust trainings. These trainings best serve the workforce in accomplishing their job duties and serving the community.

New and innovative ways to provide training and education are needed. Although much of this work is incumbent upon health department leadership to establish a culture of learning and encourage continuing education and training opportunities, Regional PHTCs have a pivotal role in training the current and future workforce through leadership in states and pioneering new training content and delivery methods through the strategic CBT Partnerships.

The US Pacific Islands and tribal territories, often rural and medically underserved communities, have a tremendous difficulty recruiting and retaining a public health workforce. The population is challenged by lack of opportunities in formal public health training. These regions have no advance degree programs in public health. Although many community colleges offer certificates in proficiency in public health only the University of Guam offers a bachelor degree. To address these challenges in these areas, the Regional PHTC Program is encouraging field placements for community college students in the US Pacific Islands.

State health departments play a large role in the development of their states public health infrastructure, but at many states top leadership level there is a lack of preventative medicine doctors, a medical specialist who focuses on public health to

¹⁰ Association of State and Territorial Health Officials. 2020 State and Territorial Health Officials. Available at: <https://astho.org/Directory/>

¹¹ DeBeaumont. 2017 National Findings Public Health Workforce Interests and Needs Survey PHWINS. Available at: <https://debeaumont.org/wp-content/uploads/2019/04/PH-WINS-2017.pdf>

promote health and wellbeing and prevent disease, disability and death in communities. In addition to the need for preventative medicine doctors, a majority (61%) of individuals working as state health directors/officials hold an MPH, while the remaining 39% have no formal public health training. Encouraging preventive medicine residents to be placed at state and local health department can assist in overcoming this barrier.

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 Regional PHTC Program for Fiscal Year 2022:

Community-Based Training (CBT) Partnership – A collaborative educational and training partnership and linkage among the applicant (central office), health departments (both state and local), primary care providers, community organizations (to include non-traditional partners), and other federal agency programs.

Disparity Impact Statement – Successful applicants are expected to develop a disparity impact statement using local data to identify populations at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the project. Below are HHS resources:

CMS.gov: [Quality Improvement & Interventions: Disparity Impact Statement](#)
SAMHSA.gov: [Disparity Impact Statement](#).

Equity – The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.¹²

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

Faculty-Student Collaborative Project – A project involving faculty and students designed to enhance public health services to rural and/or medically underserved communities. Faculty and student collaborative projects may include research projects or community interventions identified by a governmental public health agency or other public health service entity. The students and faculty advisors collaborate with the agency to address specific public health issues among a specified target population and

¹² Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

work together to develop the methodology and plan of approach. Faculty-student collaborative projects can range in duration from 3 to 6 months, depending on the project.

Health Equity – The absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

Institution – A single campus of a multi-campus university system, a single department or agency of a state or local government, or other separate legal entity, also defined as an organization with a single Data Universal Numbering System (DUNS) Number.

Non-traditional Health Care Settings – Locations where health care and health services are provided outside of hospitals and outpatient clinics, and may include mobile health care vehicles, shelters, community centers, telemedicine, etc.

Student Field Placement – A placement of a student in a nonprofit or public health agency or organization, particularly one serving underserved areas and populations at highest risk of health disparities, low health literacy and health equity, to work on a discrete public health project. This placement must provide structured opportunities and/or experiences to allow the student to apply acquired knowledge and skills in a public health practice setting. Field experiences are expected to contribute to the mastery of public health competencies, focusing on balancing the student's educational and practice needs with the needs of the community.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

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

HRSA program involvement will include:

- Providing ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
- Reviewing project information prior to dissemination;
- Assisting the Regional PHTCs to enhance or develop a network among other HRSA- and HHS-funded programs, federal agencies, as well as with external stakeholders, to disseminate resources, best practices, and lessons learned;
- Providing assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA award projects and resource centers, and other entities that may be relevant to the project's mission;
- Providing programmatic input and consultation for development and delivery of training and technical assistance;

- Collaborating with recipients to assist in the develop and implement assessment and evaluation strategies;
- Participating in the dissemination of project activities and products;
- Leading the Regional PHTC network. Working with recipients in planning and coordinating conference calls, webinars and meetings, working groups, learning exchanges, communities of practice.

The cooperative agreement recipient's responsibilities will include:

- Carrying out all required activities, including those outlined in section 766(c) of the PHS Act, including:
 - Establishing or strengthening field placements for students in public or nonprofit private health agencies or organizations;
 - Involving faculty members and students in collaborative projects to enhance public health services to rural and/or medically underserved communities;
 - Specifically designating a geographic area to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center to include establish and implement a formal arrangement with Community Based Training (CBT) partner(s); and
 - Assessing the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.
- Leadership Institutes:
 - Establishing or engaging with current Leadership Institutes that support a diverse cohort with an integrated primary care and public health approach. Trainees should be trained in advance adaptive and strategic leadership public health skills that underscore core public health competencies; and
 - Establishing cohorts that include public health and primary care leadership.
- Programmatic Oversight including:
 - Providing the HRSA project officer with an opportunity to review project information prior to dissemination;
 - Establishing contacts that may be relevant to the project's mission, such as federal and non-federal partners and other HRSA award projects;
 - Working with HRSA to identify collaborative partnerships for community-based training topics and sites; and
 - Working with HRSA to implement all network activities, including but not limited to conference calls, meetings, working groups, learning collaboratives, etc.
- Participation in Network including:
 - Participating in ongoing Regional PHTC network conference calls, learning exchanges, and webinars with other awardees under this NOFO and HRSA;
 - Working with HRSA to identify network working groups, learning exchanges, communities of practice;
 - Coordinating activities with other awardees under this NOFO; and
 - Participating in annual meetings.

- Evaluation Activities including:
 - Collaborating with HRSA and other recipients under this NOFO to develop and implement assessment and evaluation strategies;
 - Partnering with HRSA to evaluate priorities and respond to constituent/field requirements.

2. Summary of Funding

HRSA estimates approximately \$9,100,000 to be available annually to fund up to 10 recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of varying amounts depending on the specific HHS region you are applying to serve, total cost (includes both direct and indirect, facilities and administrative costs) per year, as noted in the Allocation Table below. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the Regional PHTC Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

AWARD CEILING ALLOCATION TABLE		
Region and States/Territories	# of States/Territories	Award Ceiling Per Year
Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	6	\$940,000
Region 2: New Jersey, New York, Puerto Rico, the U.S. Virgin Islands	4	\$780,000
Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	6	\$940,000
Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	8	\$1,105,000
Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	6	\$940,000
Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas	5	\$865,000
Region 7: Iowa, Kansas, Missouri, Nebraska	4	\$780,000
Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	6	\$940,000
Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam	7	\$1,030,000
Region 10: Alaska, Idaho, Oregon, Washington	4	\$780,000

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

Limitations on indirect cost rates

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

Student Stipend Support:

At least 10 percent of the award recipient's overall requested budget (direct and indirect costs) must be used for stipend support, according to the following guidelines:

- \$3,500 per student; and
- the minimum number of students involved in field placements must be no less than 15 students per region (stipend support funds used to support students beyond the minimum number of 15 for field placements may support a combination of both fields placements and faculty-collaborative project students). Refer to the Program Definitions section for definition of faculty-student collaborative project.

Community Based Training Partnership(s) Support:

Establish and implement a formal arrangement with Community Based Training (CBT) partner(s). Details of this allocation must be included in the proposed line item budget and budget justification.

Technical Assistance Support:

In order to strengthen Regional Public Health Training Centers, programs must establish and implement a formal arrangement with an organization or multiple organizations able to train and provide TA (marketing, communication assistance, technical writing, instructional design consultation, web design, learning management system design and management).

The applicants should include details of the technical assistance support in the proposed budget line-item and budget justification document.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include an accredited school of public health, or another public or nonprofit private entity accredited for the provision of graduate or specialized training in public health. Faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible. In addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

Current Regional PHTC award recipients whose awards are scheduled to end on June 30, 2022 are eligible to apply for this funding opportunity and should apply as “Competing Continuations.” All other applicants should apply as “New.”

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

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 (section 797(b) of PHS Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as *Attachment 6*.

HRSA will enforce statutory MOE requirements through all available mechanisms.
NOTE: Multiple applications from an organization are not allowable.

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

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

Student Eligibility

Stipends are only available for:

- Graduate and doctoral students pursuing a degree in a health profession (including public health, psychology, sociology and social work);
- Undergraduate juniors or seniors enrolled in a health profession degree program (e.g., public health, psychology, sociology, and social work) may be considered.
- Preventive Medicine Resident (PMR) placed at state or local health departments;
- Community College students in the U.S. Pacific Islands, and TCU enrolled in a health professional degree program (e.g., allied health, community health worker); and
- U.S. citizens, nationals, or permanent residents of the United States.

Individuals on temporary or student visas are not eligible to receive federal funding under this NOFO.

In the event that a student terminates his or her participation from the program prior to the specified end date, the stipend must be prorated according to the amount of time spent in training, and the award recipient must contact HRSA to discuss options for the remaining stipend funds.

Applicant responsibility:

You must select no more than one region to support in your application, and you must agree to support the public health workforce education and training needs across the entire region for the full 4-year period of performance.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-055 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

Application Format Requirements

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [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 HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO.

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

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-055, 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 70 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under 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. § 3354).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 10: Other Relevant Documents*.

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

Program Requirements and Expectations

Stipends are only available for:

- Graduate and doctoral students pursuing a degree in a health profession (including public health, psychology, sociology and social work);
- Undergraduate juniors or seniors enrolled in a health profession degree program (e.g., public health, psychology, sociology, and social work) may be considered;

- Preventive Medicine Resident (PMR (PMF) placed at state or local health departments;
- Community College students in the US Pacific Islands, and TCU enrolled in a health professional degree program (e.g., allied health, community health worker); and
- U.S. citizens, nationals, or permanent residents of the United States.

Student Field Placement and Faculty-Student Collaborative Project at a minimum:

- Students must have a deliverable of a scientific report that must include the following sections: abstract, introduction, methodology, findings, conclusions, and discussion; additional deliverables may consist of an abstract suitable for submission to a scientific conference, a poster presentation, or PowerPoint presentation. These deliverables must be shared with HRSA.

Program-Specific Instructions

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**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information required in the Project Abstract Summary Form, 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. The HHS region for which the applicant is competing; and
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

NARRATIVE GUIDANCE

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

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

ii. **Project Narrative**

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

Use the following section headers for the narrative:

- **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion 1](#) This section includes two sub-sections — (a) Program Purpose and Need and (b) Program Strategy—both of which correspond to Section V's Review Criteria 1 (a) and (b).

Describe the purpose and need for the proposed project, including how you will address both purpose and need as well as program strategy:

- Program Purpose and Need
 - Incorporate a Disparity Impact Statement using local data local data (e.g., the CDC Social Vulnerability Index (SVI) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html> to identify populations at highest risk for health disparities, low health literacy and

infrastructure to receive necessary services in rural, underserved, or marginalized communities.

- Designate a geographic area to be served by the center, including how you will:
 - Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.
 - Evaluate the regional need/demand for workforce development for public health workers in the identified region.
 - b) Program Strategy
 - Address the state, local and tribal health department's workforce development plans in the identified region.
 - Address the needs of the population and/or areas, including socioeconomic status, education gaps, the physical environment, lack of employment, health equity and insufficient social support networks, and access to health care.
 - Prioritize resources to provide training and education to health professions students, frontline public health workers, middle managers, and emerging leaders in rural and/or medically underserved communities.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*
 - *WORK PLAN -- Corresponds to Section V's [Review Criterion 2 \(a\)](#).*

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

You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.

- Describe the goals of the proposed project; including the objectives, the reasons for proposing the intervention and how it relates to the attainment of the Disparities Impact Statement;
- Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose

and Need section. Identify and formally establish CBT Partnerships within the service area, including collaborative educational and training partnerships and linkages among health departments, primary care providers, primary care associations, tribal entities, community organizations (to include non-traditional partners), and other federal agency programs;

- Utilize CBT Partnerships to identify regional problems to be addressed and gaps which the proposed project is intended to fill;
 - Utilize CBT Partnerships to establish or strengthen faculty-student collaborative projects and field placements with a core focus on socio-environmental factors related to local public health needs. This placement should provide structured opportunities and/or experiences to allow the student to apply acquired knowledge and skills in a public health practice setting. Field experiences should culminate with a deliverable of a poster presentation or scientific report that must include the following sections: abstract, introduction, methodology, findings, conclusions, and discussion. These deliverables must be shared with HRSA (see the Other Information section for a full definition of Student Field Placements);
 - 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 the development of the application and the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served;
 - If funds are sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- (b) *METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion 2 \(b\)](#).*

Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. Explain why your project is innovative.

Logic Models

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 timeline 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://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

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

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criterion 3 \(a\)](#)*

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project and clearly identify those directly related to the Disparity Impact Statement and monitor progress of the project as a whole, toward attainment of the Disparity Impact Statement.

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

- Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the current academic year 2020-2021 required data forms for this program:
<http://bhwh.hrsa.gov/grants/reporting/index.html> please note changes may occur during future project years;
- 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 progress 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 your process to track trainees after program completion/graduation for up to 1 year;
- 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.

Include your capacity to collect, validate, and report required data measures, including, but not limited to:

- Number and Type of training programs offered, including HHS priority topic area (if applicable), primary competency and its tier addressed by the course, and primary discipline of Individuals trained;
- Number of continuation education courses offered, including approved continuing education credits, duration, times was offered; mode of course and partnerships established during course delivery;
- Number, setting, and location of field placements or faculty student research/collaboration project. Noting those located in a primary care setting, rural and/or medically underserved setting;
- Number, demographics, and veteran status of students participating in a field placements or faculty student research/collaboration project, Noting those who come from a disadvantaged or rural residential backgrounds, and if they receive clinical or experiential training in a setting that offers telehealth;
- Number and location of graduates who pursue employment in public health working in rural and/or medically underserved areas; and
- Number of students to receive Regional PHTC Program stipends.

Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted as under the SWP. Additional information on

RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

▪ *(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 projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

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

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

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

- Senior/key personnel name
- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make 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 your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in

excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [*SF-424 R&R Application Guide*](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

iv. Budget Justification Narrative

See Section 4.1.v of HRSA’s [*SF-424 R&R Application Guide*](#).

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

In addition, the Regional PHTC Program requires the following:

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

Stipends are used to encourage the field placements for public health students, and are subsistence allowances for students to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program. The stipend amounts that can be charged to the award are fixed. Award recipients may not provide stipends lower than the amount specified above; however, recipients may choose to provide higher stipend amounts by including funds from non-federal sources.

No full-time student is allowed to receive a stipend for participation in a student field placement for more than 1 year, or 12 non-consecutive months. Part-time students are allowed to participate in student field placements and receive a stipend prorated at one-half of the fixed amount for no more than 2 years or 24 non-consecutive months.

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.

Sub-awards/Contractual Costs: If you are using sub-awards/consultant services, e.g., CBT partners, list the total estimated costs. Grant recipients must follow all

applicable grant requirements, as outlined in 45 CFR Part 75, if grant funds are provided to CBT partner organizations

Annual Meeting: Ensure that your budget includes the estimated cost of two persons' travel for two and half-day in-person annual meetings in Rockville, MD.

v. Standardized Work Plan (SWP) Form

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

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

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page 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: Logic model (Required)

Include the required logic model in this attachment. If you will make sub-awards 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](#)) (Required)

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

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Copies of biographical sketches or resumes for any key employed personnel that will be assigned to work on the proposed project must be uploaded in the SF-424 R&R Senior/Key Person profile form. 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.

Key personnel should have adequate time devoted to the project to achieve the project objectives. Project staff should also have expertise in successful academic-practice partnerships, workforce development issues, adult learning and evidence-based education models, particularly distance learning and those which utilize available and emerging technologies.

- The principal investigator (PI) should be a senior level health or public health professional with strong expertise in adult education and training; experience and demonstrated leadership skills to direct and guide the conceptual framework and direction of the Regional PHTC Program; and provide visibility for the program among health and public health colleagues and organizations. The PI must have no less than 5 percent level of effort dedicated to the Regional PHTC Program.
- The regional applicant should have a Project Coordinator, chosen from a health or public health discipline, who is a senior level professional with strong expertise in adult education and training, management and leadership skills to direct the planning and the day to day operations of the Regional PHTC program. His/her level of effort must be no less than 100 percent.
- The regional applicant should have other key personnel as appropriate (e.g., Evaluator, Instructional Designer, etc.)
- The regional applicant must demonstrate significant expertise within their program and partnership in the region.
- The staff should include members with significant experience in adult education and training, instructional design and curriculum development.

The application must include the percent effort on the Regional PHTC Program grant and all other sources of salary support for key personnel – PI, Project Coordinator, Evaluator, Instructional Designer (i.e., Jane Doe, Training Developer: 50 percent Regional PHTC Program grant, 20 percent Title 2 grant, 15 percent University of X, 15 percent NIH grant support)

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

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

Attachment 4: Project Organizational Chart (Required)

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

Attachment 5: Tables, Charts, etc. (Required)

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

Attachment 6: Maintenance of Effort Documentation (MOE) (Required)

Provide a baseline aggregate expenditure for the prior fiscal year required by 42 U.S.C. § 295n-2 (section 797(b) of the PHS Act) 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

<p style="text-align: center;">FY Before Application (Actual)</p> <p>Actual FY 2021 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;">Current FY of Application (Estimated)</p> <p>Estimated FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>
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Attachment 7: Request for Funding Preference

To receive a funding preference, include a copy of your organization's accreditation for the provision of graduate or specialized training in public health. There is a statutory funding preference for accredited schools of public health. A letter documenting CEPH accreditation as a School of Public Health will be used to document eligibility for this preference. See [Section V.2](#).

Attachment 8: Progress (As applicable)

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications. See Section V.2 Review and Selection Process for a full explanation of funding priorities.

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

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

- (1) The period covered- Put start and end dates.
- (2) Specific objectives - Briefly summarize the specific objectives of the project.

- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 9: Letters of Support (As applicable)

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

Attachment 10: Other Relevant Documents (As applicable)

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 Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

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

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

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

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

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

For more details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 24, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of 4 years, at no more than \$780,000 to \$1,105,000 per year (inclusive of direct **and** indirect costs). Refer to the Allocation Table in section II.2 above for specific ceiling levels. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the

project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program See Section 4.1 of HRSA's [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.

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

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

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

V. Application Review Information

1. Review Criteria

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

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

Five review criteria are used to review and rank Regional PHTC applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's [Purpose and Need](#) Sub-section (a) Program Purpose and Need and Sub-section (b) Program Strategy

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

- **Criterion 1(a) Program Purpose and Need (12 points):** Whether the applicant:
 - Clearly identifies the designated geographic areas to be served: describes the target population or area facing significant need/demand for workforce development for public health workers; and
 - Provides detailed activities to achieve goals and objectives of the project including the attainment of the Disparities Impact Statement; the description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served. The disparities impact statement should include a description that uses local data to identify populations at highest risk for health disparities and low health literacy and infrastructure to receive necessary services in rural, underserved and/or marginalized communities.
- **Criterion 1(b) Program Strategy (8 points):** Whether the applicant:
 - Specifically describes the geographic area to be served by the center that is in a location removed from the main location of the teaching facility of the school that is participating in the program with such center;
 - Describes the health equity and disparities with the development of a Disparities Impact Statement using local data (e.g., the CDC social Vulnerability Index (SVI) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify populations at highest risk for health disparities and low health literacy. The Disparities Impact Statement will provide the framework for ongoing monitoring and determining the impact of the Regional PHTC;
 - Identifies strategies for recruitment, placement, and retention of current and future public health professionals likely to practice in community-based primary care in rural and/or underserved communities:
 - Clearly describes how preventive medicine residents will be integrated and placed at state or local health departments;
 - If applicable, clearly describes how community college students in the Pacific Islands and TCU students will be identified, recruited and placed;
 - Clearly describes how current and future public health students including but not limited to rural, disadvantaged and underrepresented minorities are recruited and retained;
 - Demonstrates strength in their assessment of the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs; and
 - Identifies strategies to train current and emerging public health leaders from diverse backgrounds that are likely to hold leadership roles at state or local health departments.

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

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

The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and address how the project will reach its specific geographic area or subpopulations, including medically underserved communities, and measure the effect of those services on that area or those specific populations.

- **Criterion 2(a)(i) Collaboration and Training (5 points):** Meets the needs of the population or geographic area designated and the likelihood that the proposed work plan will address and ameliorate these needs, including:
 - The extent to which the applicant proposes sufficient resources to provide training and education to frontline public health workers and middle managers in rural and/or medically underserved communities;
 - The likelihood to develop or partner to provide a Leadership Institute that supports a diverse cohort with an integrated primary care and public health approach;
 - The breadth and strength of the partners in the CBT Partnerships and what the partnership will bring to the Regional applicant, as is evidenced by agreements and memoranda of understanding in Attachment 3;
 - The likelihood that the CBT Partnership in collaboration with its “central office” will address the socio-environmental factors identified in the applicant’s needs section, including those that affect a wide range of health, functional, and quality-of-life outcomes related to local public health needs by:
 - providing meaningful and high quality faculty-student collaborative projects, curricula, training opportunities, and field placements, to include preventive medicine residents and, if applicable, community college students in the Pacific Islands and TCU;
 - Implementing effective public health strategies to promote and market the work of the Regional PHTC in alignment with the local needs assessment;
 - Establishing effective recruitment and outreach plans that will ensure the project meets or exceeds its training goals; and
 - Implementing evidence-based program evaluation to identify process deficiencies and strategies for assessing the progress and enhancing outcomes associated with the Regional PHTC Program.
- **Criterion 2(a)(ii) Core Competencies and Skills (5 points):** Aligns and supports the eight public health workforce core competencies and strategic skills⁸. In addition to training topics elucidated from local training needs assessments, each Regional PHTC must develop trainings in the primary core public health competency areas underscoring health equity:
 - **Public Health Core Competencies**
 1. analytical/assessment;
 2. policy development/program planning;

⁸ de Beaumont Foundation. (2017). Building Skills for a More Strategic Public Health Workforce: A Call to Action. Available at: <http://www.debeaumont.org/consortiumreport/>

3. communication skills;
4. cultural competency;
5. community dimension of practice;
6. public health sciences;
7. financial planning and management; and
8. leadership and systems thinking.

- **Public Health Strategic Skills**

1. systems thinking;
2. change management;
3. persuasive communication;
4. data analytics;
5. problem-solving;
6. diversity and inclusion;
7. resource management; and
8. policy engagement.

- **Criterion 2(a)(iii) Leadership (5 points):** Clearly describes plans to establish or engage with current Leadership Institutes that support a diverse cohort with an integrated primary care and public health approach:
 - Implement training in advance adaptive and strategic leadership public health skills; and
 - Establish diverse cohorts that include public health and primary care leadership.

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

The extent to which the approach aligns with the NOFOs purpose, goals, and objectives and contributes the attainment of the Disparity Impact Statement. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs. The extent to which the application provides a logical description of proposed activities and including the context for why it is innovative. The sophistication and plausibility of the logic model proposed, also will be evaluated.

Reviewers will consider the extent to which the proposed project responds to the requirements and expectations of the Purpose and Need section. While evaluating the strength of the proposed goals and objectives and their relationship to the identified project, the reviewers will review the extent to which the activities described in the application can address the problem and attain the project objectives. Reviewers will specifically look at the applications descriptions, tools, and strategies for meeting stated needs, as well as the extent to which applicants provide a logical description of proposed activities and describe why the project is innovative and the context for why it is innovative. Reviewers will also evaluate the strength and plausibility of the logic model proposed in accomplishing the program requirements below:

- Establish a governance structure for the work of the Regional PHTC and CBT Partnerships;

- Develop and implement distance-based programming to train and educate public health professionals using a variety of modalities underscoring identified primary public health core competency areas;
- Work with HRSA and other Regional PHTCs to formalize a nationwide Regional PHTC network, and develop and implement cross-cutting public health, working groups, learning exchanges, collaboratives, and trainings to increase the knowledge and skills of public health workers;
- Develop and implement plans to establish or strengthen faculty-student collaborative projects and field placements, including preventive medicine residents, community college students in the US Pacific Islands and TCU where applicable;
- Enhance collaborations and linkages with other federal agency programs, as well as other stakeholders such as PCAs or local, state, tribal, and national partners;
- Assist in the formation or strengthen of workforce development plans at state, local and tribal health departments;
- Establish and implement strategies to promote and market the work of the Regional PHTC as well as recruit participants for all activities;
- Work with governmental public health agencies to develop policies and implement systems changes to motivate public health workers to participate in trainings and to create a culture of learning within the agencies;
- Establish or engage with current Leadership Institutes that support a diverse cohort with an integrated primary care and public health approach. Trainees should be trained in advance adaptive and strategic leadership public health skills that underscore core public health competencies; and
- Develop and implement quality trainings that meet CDC Quality Training Standards⁹ and/or Quality Standards for Training and Delivery.¹³

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

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

Criterion 3: IMPACT (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 proposed project has a public health impact and the project will be effective, if funded. The overall quality of the impact evaluation plan including its

⁹ CDC. Quality Training Standards. Available at https://www.cdc.gov/training/development/standards/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftrainingdevelopment%2Fstandards%2Findex.html

¹³ NNPHI Quality Standards for Training Design and Delivery. Available at <https://www.phlearningnavigator.org/sites/default/files/2019-04/Quality%20Standards%20for%20Training-031919.pdf>

relevance to the Disparities Impact Statement and the extent to which the application effectively reports on the measurable outcomes being requested. This includes both internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include: 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. The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement. The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes. The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles. The extent to which the feasibility and effectiveness of plans for dissemination of project results is described. The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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. The extent to which it 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 (10 points) – Corresponds to [Section IV's Organizational Information, Resources, and Capabilities](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the attachments. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Organizational information must include the following:

- The organization's current mission and structure, the scope of current activities, organizational chart (**Attachment 4**), and description of how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations;
- The program's resources and capabilities to support the provision of culturally and linguistically competent and health literate services;
- The organizational capacity to direct, lead, and monitor the program and to provide adequate administrative oversight of federal resources;
- Expertise and experience in the design, development, implementation, and evaluation of training activities;

- Experience managing training resources, and working with training entities, consultants, service providers, and federal officials;
- Capacity to fiscally manage a large federally funded training program, including the capacity to develop a standardized method to manage and monitor contracts and subcontracts;
- Experience in adult education and training of the public health workforce;
- Demonstrated capacity and expertise in developing, utilizing, and maintaining various distance learning modalities, as well as instructional design and curriculum development;
- Demonstrated ability to establish or engage with current Leadership Institutes that support integrated primary care and public health approach. Trainees should be trained in advance adaptive and strategic leadership public health skills that underscore core public health competencies;
- Established partnerships with governmental public health and other key public health stakeholders on a local, state, national, tribal, and federal level;
- The organization's history of addressing the structural determinants and conditions in which people are born, grow, live, work, and age (including factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care);
- Evidence of similar expertise among CBT Partnerships in the project; and
- Demonstrates the ability to develop and implement quality trainings that meet CDC Quality Training Standards and/or Quality Standards for Training and Delivery.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.

2. Review and Selection Process

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

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Priority

This program includes a funding priority for past performance for Competing Continuation applicants. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. In considering past performance as a predictor of future success by an applicant, HRSA staff will review the required Progress Report and award an additional 5 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 8** requirements.

Funding Preferences

This program provides a funding preference for some applicants as authorized by PHS Act section 766(b)(2). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. Applicants should note if they are applying for a funding preference in the Project Abstract. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Name of the funding preference(s): CEPH-accredited School of Public Health

Qualification(s) to meet the funding preference(s): A letter documenting CEPH accreditation as a School of Public Health

Funding Special Considerations and Other Factors

Only one cooperative agreement will be awarded for each one of the 10 HHS regions. Further information about the HHS regions is located in *Section VIII* of this notice.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such

requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk 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 release the Notice of Award (NOA) on or around the start date of July 1, 2022. 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 NOA, 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 federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

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

HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Sub-awards

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

3. Reporting

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

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

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

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

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

More information will be available in the NOA.

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

The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If

award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

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

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

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

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [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) **Attribution.** You are required to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for award amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government."

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported

publications include, but are not limited to, manuals, toolkits, resource guides, case studies, and issue briefs.

- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

John Gazdik
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6962
Email: jgazdik@hrsa.gov

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

Megan Lincoln
Public Health Analysis Bureau of Health Workforce
Attn: Regional PHTC Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N94D
Rockville, MD 20857
Telephone: (301) 443 2702
Email: mlincoln@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.

Always obtain a case number when calling for support. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

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

TTY: (877) 897-9910

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

VIII. Other Information

Health Literacy –Below are available HHS resources on health literacy.

- HHS Health.gov: [Health Literate Care Model](#)
- AHRQ: Health Literacy Universal Precautions Toolkit

Disparity Impact Statement:

The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the Regional PHTC Program training. Below are available HHS resources:

- CMS.gov: [Quality Improvement & Interventions: Disparity Impact Statement](#)
- SAMHSA.gov: [Disparity Impact Statement](#)

U.S. Health Disparity Populations

The National Institutes of Health have designated the following U.S. health disparity populations:

- Blacks/African Americans

- Hispanics/Latinos
- American Indians/Alaska Natives
- Asian Americans
- Native Hawaiians and other Pacific Islanders
- Sexual and gender minorities
- Socioeconomically disadvantaged populations
- Underserved rural populations

See [National Institute on Minority Health and Health Disparities, *Health Disparity Populations* \(April 1, 2021\).](#)

Technical Assistance

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

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).

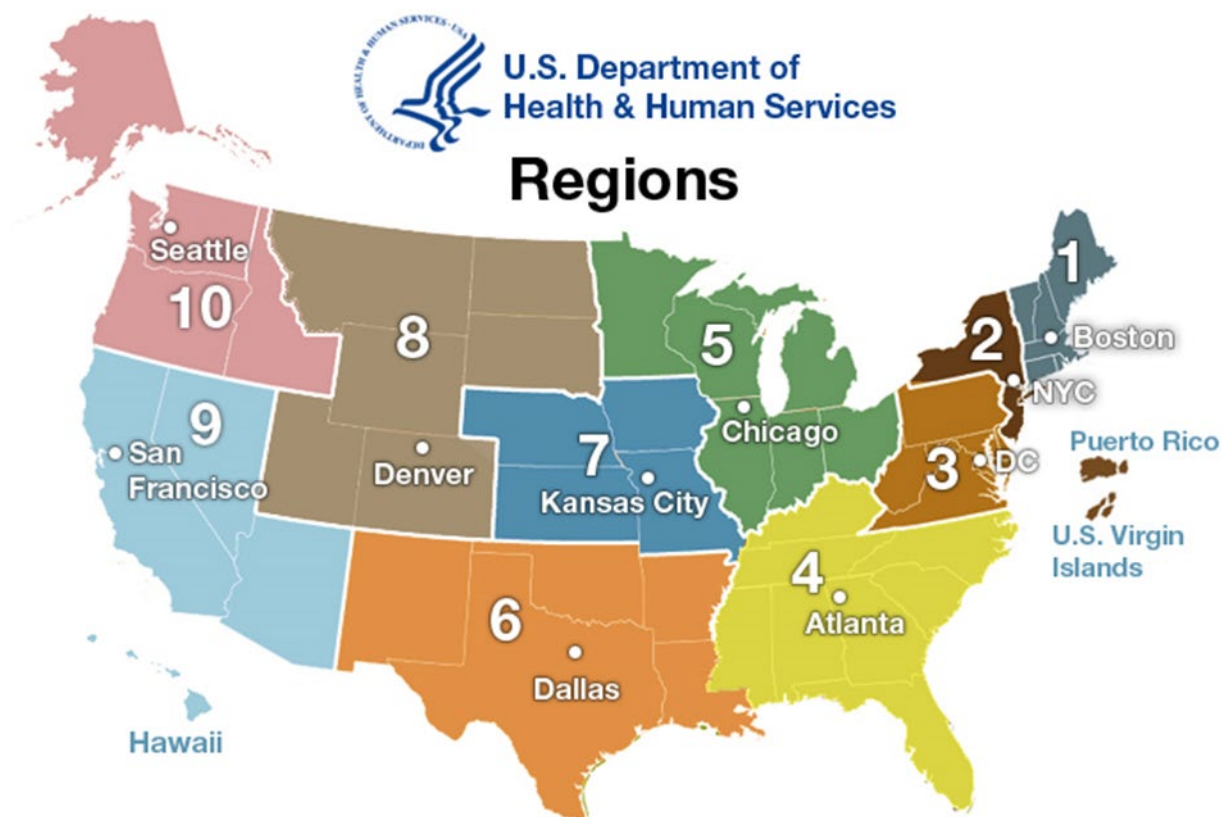
Frequently Asked Questions (FAQs) can be found on the program [website](#) and are often updated during the application process.

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

Appendix:

Regional Information

HRSA will fund up to 10 HHS regional centers to ensure that the U.S. and its jurisdictions all have access to public health workforce education and training. The geographic breakout of the states, territories, and jurisdictions to be included in the 10 HHS regions is shown below:



Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2: New Jersey, New York, Puerto Rico, the U.S. Virgin Islands

Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia

Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 7: Iowa, Missouri, Nebraska, Kansas

Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 9: Arizona, California, Hawaii, Nevada, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

Region 10: Alaska, Idaho, Oregon, Washington