U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Bureau of Health Workforce

Division of Medicine and Dentistry

Integrated Substance Use Disorder Training Program (ISTP)

Funding Opportunity Number: HRSA-23-090

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Application Due Date: March 21, 2023

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: *January 20, 2023*

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 294k (a)(2), (Section 760(a)(2) of the Public Health Service Act) as amended by section 1311 of chapter 2 of subtitle C of title I of division FF of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328)

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 above in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Integrated Substance Use Disorder Training Program (ISTP). The purpose of this program is to expand the number of nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure) trained to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care, mental health, and substance use disorder services, including such settings that serve pediatric populations.

Applicants must propose to plan, develop, and operate a 12-month, full-time (24 months half-time) training program for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers (including for individuals completing clinical training requirements for licensure) that trains practitioners to provide care for individuals in need of mental health and substance use disorder prevention, treatment, and recovery services.

Funding Opportunity Title:	Integrated Substance Use Disorder Training Program (ISTP)
Funding Opportunity Number:	HRSA-23-090
Due Date for Applications:	March 21, 2023
Anticipated FY 2023 Total Annual Available	$9,150,000
Estimated Number and Type of Award(s):	Approximately 17 grants
Estimated Annual Award Amount:	Up to $515,000 per award, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023, through June 30, 2028 (5 years)

Eligible Applicants:	Teaching health centers; Federally qualified health centers; Community mental health centers; Rural health clinics; Health centers operated by the Indian Health Service, Indian tribes, tribal organizations, or urban Indian organizations (as defined in section 4 of the Indian Health Care Improvement Act); or, Entities with a demonstrated record of success in providing training for nurse practitioners, physician assistants, health service psychologists, counselors, nurses and/or social workers (including individuals completing clinical training requirements for licensure) including entities that serve pediatric populations.
	Individuals are not eligible to apply under this NOFO.
	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

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

The purpose of this program is to expand the number of nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers, (including individuals completing clinical training requirements for licensure) trained to provide mental health and substance use disorder (SUD), including opioid use disorder (OUD) services in underserved community-based settings that integrate primary care, mental health, and SUD services, including such settings that serve pediatric populations.

Applicants must propose to plan, develop, and operate a 12-month, full-time (24 months half-time) training program for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers (including for individuals completing clinical training requirements for licensure) that trains practitioners to provide care for individuals in need of mental health and SUD/OUD prevention, treatment, and recovery services.

Program Goals

The ISTP program is designed to foster robust clinical training and augment expertise among clinicians who will see patients at access points of care and provide mental health and addiction prevention, treatment, and recovery. Participants will be individuals completing clinical training requirements for licensure and practicing professionals from the following disciplines: nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers.

Program Objectives

1. Increase the number of individuals completing clinical training requirements for licensure and practicing nurse practitioners (NPs), physician assistants (PAs), health service psychologists, counselors, nurses, and/or social workers who are trained to provide integrated mental health and SUD/OUD services, including Medications for Opioid Use Disorder (MOUD) for PAs and advanced practice nurses (APNs) , in a primary care underserved community-based setting, including settings that serve pediatric populations.

2. Plan, develop, and operate a training program to provide mental health and SUD/OUD services in underserved, community-based settings that integrate primary care, mental health, and SUD/OUD prevention, treatment (including medications to treat opioid use disorder), and recovery.

3. Establish a foundation of skills and expertise for the community-based program, including entities that serve pediatric populations, that supports training to

provide mental health and SUD/OUD prevention, treatment, and recovery services utilizing a team-based care model.

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

2. Background

This program is authorized by 42 U.S.C. § 294k(a)(2) (Section 760(a)(2) of the Public Health Service (PHS) Act). This funding opportunity supports one of the Department of Health and Human Services' top priorities: addressing the opioid crisis, as well as the current Public Health Emergency due to the opioid crisis.[1] The program is designed to foster robust clinical training and augment expertise among clinicians who will see patients at access points of care and provide mental health and substance use disorder prevention, treatment, and recovery services across health care sectors,

The Centers for Disease Control and Prevention (CDC) reported that over 100,000 Americans died from drug overdose in a 12-month period ending April 2021. This represents an increase of 28.5% from the previous year.[2] Opioids are the chief drug involved in these deaths, though non-opioid drugs also contribute to these deaths. SUD, including OUD also contribute to more than 70 other conditions requiring medical care and to a wide range of social consequences, devastating families and communities and costing our nation more than $700 billion each year.[3]

An aspect of the federal response to the opioid crisis has focused on training and certifying clinicians to offer MOUD. MOUD, using buprenorphine, represents the most effective treatment approach for preventing opioid deaths.[4] Trainees in the ISTP program are from the professions of nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers (including individuals completing clinical training requirements for licensure). With appropriate training, APNs and PAs can prescribe buprenorphine to persons with OUD[5]. Health service psychologists, counselors, nurses, and social workers play a supportive role in such treatment and help bring psychosocial treatment modalities to such individuals.

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[1] Secretary of Health and Human Services, Retrieved May 5, 2022, from https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

[2] Centers for Disease Control and Prevention, *Drug Overdose Deaths in the U.S. Top 100,000 Annually*. Retrieved May 5, 2022, from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

[3] Center for Disease Control and Prevention. (n.d.). *Understanding the Epidemic*. Retrieved May 5, 2022, from https://www.cdc.gov/drugoverdose/epidemic/index.html

[4] Connery, Hilary Smith MD, PhD. Medication-Assisted Treatment of Opioid Use Disorder, Harvard Review of Psychiatry: March/April 2015 - Volume 23 - Issue 2 - p 63-75. doi: 10.1097/HRP.0000000000000075.

[5] HRSA is aware that the Consolidated Appropriations Act, 2023 has changed the statutory requirements for dispensing buprenorphine (also formerly known as DATA 2000 waivers, or X waivers). HRSA will align with forthcoming guidance from the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration in implementing ISTP.

Over the past several decades, there has been an expanding awareness of the importance of SUD education for many clinicians. The greater emphasis on SUD training corresponds with a wider perception of SUD as a chronic condition that has led in part to the development of SUD training programs.[6] As a result, the quantity and quality of education on SUD have improved.[7] Despite this improvement in SUD training, the overall emphasis on SUD among various levels of training remains disproportionately low compared with other chronic medical disorders.[8,9,10]

SUD training funding will support the required didactic training for APNs and PAs to be practitioners who can provide MOUD. It also must include plans to provide professional peer-to-peer support for these providers beginning to offer buprenorphine as well as training in connecting patients receiving MOUD to and supporting individuals through counseling and providing connection to social supports to sustain patients in treatment.

HRSA has a number of investments targeting OUD and other SUDs across its Bureaus and Offices. For information on HRSA-supported resources, technical assistance, and training, visit: https://www.hrsa.gov/opioids.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA Health Workforce Glossary.

Advanced Practice Nurses (APNs) are registered nurses with an advanced degree, are certified, and have medication prescribing privileges.

Counselors are individuals whose scope of practice includes both treatment of mental health and substance use disorders.

Health Service Psychologists are certified and licensed practitioners, holding a Ph.D. or equivalent graduate degree in clinical, school, or counseling psychology, who provide preventive, consultative, assessment, and treatment services in a broad range of settings, including independent or group practice, multidisciplinary clinics, counseling centers, or hospitals.

Medications for Opioid Use Disorder (MOUD) is an approach to opioid use treatment that combines the use of FDA-approved drugs with counseling and behavioral therapies for people diagnosed with opioid use disorder (OUD).

Nurses are registered nurses including APNs (e.g., nurse anesthetists, certified nurse midwives, clinical nurse specialists).

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[6] Galanter M, Kaufmen E, Schnoll S, Burns J. Postgraduate medical fellowship training in alcoholism and drug abuse: national consensus standards. Am J Drug Alcohol Abuse. 1991;17:1–12
[7] Fleming M, Barry K, Davis A, et al. Medical education about substance abuse: changes in curriculum and faculty between 1976 and 1992. Acad Med. 1994;69:362–369.
[8] Klamen DL. Education and training in addictive diseases. Psychiatr Clin North Am. 1999;22:471–480.
[9] Isaacson JH, Fleming M, Kraus M, et al. A national survey of training in substance use disorders in residency programs. J Stud Alcohol. 2000;61:912–915.
[10] Spangler JG, George G, Foley KL, Crandall SJ. Tobacco intervention training: current efforts and gaps in US medical schools. JAMA. 2002;288:1102–1109.

Participant means, for the purposes of this NOFO, a nurse practitioner, physician assistant, health service psychologist, counselor, nurse, and social worker (including individuals completing clinical training requirements for licensure) who receives training to become more proficient in providing mental health, OUD and SUD services in underserved community-based settings.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $9,150,000 to be available annually to fund approximately 17 recipients. You may apply for an annual ceiling amount of up to $515,000 total cost annually, which reflects both direct and indirect cost. Your request for each year of the period of performance cannot exceed your year 1 request.

The period of performance is July 1, 2023, through June 30, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the ISTP program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on Indirect Cost Rates

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants for the ISTP are:

- A Teaching Health Center (as defined in PHS Act Section 749A(f)), or

- A Federally Qualified Health Center (as defined in section 1905(I)(2)(B) of the Social Security Act)14, or

- A Community Mental Health Center (as defined in section 1861(ff)(3)(B) of the Social Security Act), or

- A Rural Health Clinic (as defined in section 1861(aa) of the Social Security Act), or

- A health center operated by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), or

- An entity with a demonstrated record of success in providing training for NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure) and including entities that serve pediatric populations.

For purposes of this NOFO, an entity with a demonstrated record of success in providing training for NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure) is an existing accredited training program for one or more of the eligible disciplines that trains practicing professionals.

Provide documentation of applicant organization's eligibility as specified in this section as **Attachment 8**.

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

Ceiling Amount

HRSA may consider any application that exceeds the ceiling amount of $515,000 per year (direct and indirect costs) non-responsive and may not consider it for funding under this notice. Your request for each year of the period of performance cannot exceed your year 1 request.

Deadline

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

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n–2. Such federal funds are intended to supplement, not supplant existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as **Attachment 5**.

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. **Applications received without the required information will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

Beneficiary Eligibility

A participant or faculty/instructor receiving support from grant funds must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other "qualified alien" under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 Pub. L. 104-193, as amended.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-090 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 and certifications. 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 this NOFO and HRSA's *SF-424 R&R Application Guide.* 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 to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.

- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-090, 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.

- ➢ HRSA will redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to ensure your application does not exceed the specified page limit.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-090 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) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 11-15: 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

1. Have participants in place within the first six months of receipt of the Notice of Award. This NOFO does not support a planning year.

2. Provide training to NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure), either by developing or enhancing a program, clinical rotation, or training track in underserved community-based settings to provide integrated mental health and SUD/OUD services, including entities that serve pediatric populations. The training must include team-based care practices for prevention, treatment, and recovery services in settings that integrate primary care and mental health and SUD/OUD services. The interprofessional team may include community health workers (CHWs), peer recovery specialists, or other behavioral/mental health support workers.

3. Collaborate and establish formal relationships between one or more clinical community-based training sites, including entities that serve pediatric populations, and an academic institution to create a foundation of skills and expertise to provide mental health and SUD/OUD prevention, treatment, and recovery services on integrated, interprofessional teams.

4. Provide MOUD training for PAs and APNs in community-based settings along with additional clinical training beyond the didactic component, including

professional peer-to-peer support to assist trained APNs and PAs in initiating their provision of MOUD.

5. Provide training in connecting and managing patients' receiving MOUD in receiving behavioral health counseling and in connecting to social supports to retain patients in care.

6. Support the recruitment and retention of faculty with substance use disorder expertise.

7. Support faculty/instructor/interprofessional training team development activities to support the ISTP program goals and objectives

8. Collect National Provider Identifier (NPI) numbers of participants who participate in the programs.

9. Provide information to participants throughout their training program about the National Health Service Corps (NHSC) programs, particularly the Loan Repayment Program (https://nhsc.hrsa.gov/loan-repayment/index.htm), as well as the Indian Health Service (IHS) Loan Repayment Program (https://www.ihs.gov/loanrepayment), and provide guidance and resources to help them locate employment in NHSC approved sites after they complete the program.

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 or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1. A brief overview of the project as a whole.

2. Specific, measurable objectives that the project will accomplish.

3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.

4. Identify <u>all</u> discipline(s) to be trained
   a. nurse practitioners
   b. physician assistants
   c. health service psychologists
   d. social workers
   e. counselors
   f. nurses

5. A statement on the projected number of trainees for each year of the grant.

6. State if a funding priority is being requested, and which criterion applies. Refer to Section V 2 Review and Selection Process.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (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 framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project. It must address the goals and purpose of the NOFO and the strategies to be used in attaining the goals and meeting the funding opportunity's purpose.

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

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

This section will help reviewers understand the organization that would receive funding for training as well as the needs of the areas that participants would ultimately serve.

Describe the purpose and need for the proposed project including the following:

1. Describe the capacity of the applicant organization to train NPs, PAs, health service psychologists, counselors, nurses, and/or social workers in your community that are currently being trained to recognize, diagnose, and treat mental health and SUD/OUD. Include a description of efforts towards, and success for, the recruitment and retention of these health professionals in your community.

2. Include a Disparities Impact Statement (DIS) as **Attachment 4**, which is an instrument used to measure and describe how training will support participants' capacity to meet the needs of underserved populations served by the applicant organization.

3. The state and local (e.g., community, county) health status indicators including overdose rate, morbidity and mortality statistics related to behavioral health, SUD, and OUD in the community served by the applicant organization, if applicable include such data pertaining to pediatric/adolescent populations. Include the demographics of the community and the clinical training site(s) population(s) that participants will serve.

4. The need for PAs and APNs to be trained in MOUD, to receive clinical training, and to become practitioners able to prescribe MOUD in the communities served by the applicant organization.

5. The need to develop or enhance evidence-based practices, trainings, clinical rotations, and clinical curriculum content standards to train and provide SUD/OUD treatment services remotely via telehealth and other distance learning modalities. Current team-based training approaches and need to improve digital literacy for patients and families impacted by OUD/SUD.

6. The training needs for faculty/instructor(s) at the applicant's educational and/or clinical training sites and their current capacity to be trained to recognize, diagnose, and treat mental health and SUD/OUD.

7. Clinical training site(s) where the participants will train, including the information depicted in **Attachment 9**, Table 1.

- *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 proposal and capacity to implement 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 SWP mandatory form in the Application Package.

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance, including how they are specific and identified for each year of the project period and provide indication of persons responsible for each activity.

2. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

3. Describe how funds will be subawarded or expended on contracts, if applicable, and ensure that funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding subrecipient monitoring and management.

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

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

1. List your project objectives (specific, measurable, achievable, realistic, and time-framed) and proposed activities, summarize the proposed activities, and provide evidence for how they link to the project purpose and stated needs. These are the same project objectives in the SWP.

2. Describe how your DIS, in **Attachment 4**, depicts the framework for the project, and the tools and strategies to address the purpose and need of the project and culturally- and linguistically appropriate services.

3. Describe how you plan to develop effective tools and strategies for ongoing faculty/instructor development, outreach, collaborations, and clear lines of communication.

4. Describe how you plan to develop effective tools and strategies for ongoing development and recruitment of NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing

clinical training requirements for licensure), including for APNs and PAs to become MOUD providers.

5. Describe how you will recruit and retain faculty and preceptors with SUD expertise and/or primary care/SUD integration expertise to support the proposed training.

6. Describe how you will train providers in facilitating connections to social and community supports to help implement strategies to retain patients in care.

7. Describe a plan for partnering with academia and community-based programs in making decisions on the program and identifying their priority needs and solutions with efforts to involve patients, families, and communities.

8. Provide a training chart as **Attachment 10** with projected number of participants and discipline(s) to be admitted and complete the program each year of the project.

9. Provide a plan to collect post-program completion employment data, including demographics on participants, and how you will obtain the NPI number required for BHW performance reports.

- (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. Include attention to the following as applicable:

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

2. Describe challenges and plans to address these challenges in recruiting participants, faculty/instructor, or adjunct faculty in the clinical training sites.

3. Describe challenges and plans to address these challenges in arranging placements in underserved, community-based programs, if applicable include settings that serve pediatric populations, for the learning experiences.

5. For each challenge, describe optional plans to resolve these 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).

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

Describe the evaluation measures 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.

1. Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must

monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

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

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

4. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.

5. Describe the evaluation and reporting plan and 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.

Performance Reporting Plan:

HRSA requests that you collect the following preliminary list of data annually.

1. Number, setting, and location of clinical training site(s).

2. Number, discipline, demographics of participants, hours trained in clinical training site(s) and number of participant-patient encounters, including telehealth hours and encounters.

3. Number and type of activities (e.g., trainings, curriculum, courses, evidence-based models, rotations, seminars) and other innovative methods to be developed, enhanced, and implemented in the project.

4. Number of participants who intend to serve in rural and or underserved areas upon completion of training.

5. Number of APNs and PAs who receive training related to MOUD, and number of participants who receive training in integrated behavioral health in primary care.

6. Number of practitioners registered to prescribe MOUD.

7. Number of providers trained through the program prescribing MOUD.

8. Number of partnerships with community-based organizations to facilitate patients receiving MOUD getting connected to social supports.

9. Number of training activities focused on interprofessional education/team-based training, number and occupation of health support workers involved in interdisciplinary teams.

10. Number and type(s) of training opportunities available to faculty.

- (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.

1. Provide a specific sustainability plan for exploring future sources of potential funding for support of the ISTP.

2. Propose timetable for becoming self-sufficient.

3. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.

4. Describe how the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships, tangible next steps for continuing the project activities, and evaluation of the project.

- *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. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe 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 1** (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.

Describe the following:

1. The assets and experience of your organization in conducting training for NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure), to provide mental and SUD services in underserved community-based settings that integrate primary care and mental health and SUD services.

2. The mission of the applicant organization and the organization's commitment to providing integrated services in underserved, community-based settings.

3. Capacity of the faculty/instructor to provide the didactic, field experiences, and clinical experiences for participants, evidence of linking training to best practices, and examples of other training programs that can improve health outcomes and strengthen the workforce.

4. Documentation of a qualified staffing plan as **Attachment 1** and project organizational chart as **Attachment 3**.

5. Evidence of institutional support such as letters of agreement and support, in-kind contribution of faculty/instructor, staff and resources, other partners providing support, provided in **Attachments 2 and 7.**

6. Documentation that the applicant organization has developed linkages for clinical trainings in underserved community-based settings as defined by this NOFO. Include Documentation of Clinical Sites as **Attachment 9.**

7. Capacity of the program to provide the type and volume of learning experiences, academic partnerships, and community resources needed for participants to meet the competencies and clinical training experiences required for the program.

In the Attachments section (IV. 2. v.), **Attachment 1**, 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.

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 Statemen**t. Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

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

- Section C (optional) **Peer-reviewed publications or manuscripts in press** (in chronological order). You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts

submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

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

iii. *Budget*

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

All applicants must provide a plan and budget that can support the projected number of participants that will be trained under this grant per year.

Projects Costs: Costs may include, but are not limited to, time/effort and fringe benefits of project staff based on their participation in the project; instructor costs, costs associated with their travel to clinical training sites and conferences, conference fees; materials, supplies, software, and equipment (e.g., telehealth); administration; and program management (see below).

Please Note: Project staff are the employees of the recipient organization. Participant/trainees are the practitioners who are being trained to provide care for individuals in need of mental health and substance use disorder prevention, treatment, and recovery services. The same person cannot have costs under both Project Costs and Trainee Support Costs.

Twelve consecutive months of participant training support is allowed per full-time participant. Part-time participants are allowed to receive participant costs prorated for each month that they participate in the training program for no more than 24 consecutive months.

Administration and Program Management Costs: Costs include administration and program management (e.g., project director, program coordinator, other staff time/effort and fringe benefits; faculty/instructor development, including conferences and travel related expenses; indirect costs and other program support costs).

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

must match the subaward budget and itemize costs for each year of the entire 5-year budget period.

The R & R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award. This NOFO does not support a planning year. Your request for each subsequent year of the period of performance cannot exceed your year 1 request.

In addition, the ISTP program requires the following:

The Consolidated Appropriations Act, 2023 (P.L. 117-328) states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Rate Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other applicable salary rate limitations may apply in the following fiscal years, as required by law.

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

You should reference Section IV.2. iv. Budget Justification Narrative, Section IV.6. Funding Restrictions, and the SF-424 R&R Application Guide to ensure appropriateness of the proposed budget.

iv.   *Budget Justification Narrative*

See Section 4.1.v of HRSA's SF-424 R&R Application Guide.

The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the **60-page limit**. Each year must be clear and concise, with totals for each section that aligns with the SF-424 R&R budget form and MUST include a total requested per year. In addition, ISTP requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, (i.e., practitioners being trained who are not employees of the recipient organization) list tuition/fees/health insurance, 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 includes the summation of all trainee costs.

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

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

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

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

Attachment 1: 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 include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (As applicable)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 3: Project Organizational Chart (Required)
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 4: Disparity Impact Statement (Required)

A Disparities Impact Statement (DIS) is an instrument used to measure and describe how different services will be delivered to, and received by, underserved and sub-population groups (a specific population with one or more characteristics in common, including underserved communities or disadvantaged populations that are experiencing health disparities) within a targeted geographical area. A DIS identifies health disparities at baseline, meaning the most recent data used to write your application, and a plan to lessen (or address) these disparities by way of your proposed program.

Please note that **elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections.** Please include any relevant information from those sections into this attachment.

At a minimum, the DIS should address the following:

1) Community needs related to the health disparities within sub-populations in the local targeted geographical areas. Applicants are expected to use local data sources (e.g., the CDC Social Vulnerability Index (SVI) [https://www.atsdr.cdc.gov/placeandhealth/svi/index.html]) to identify sub-populations at highest risk for health disparities in rural, underserved, or marginalized communities. Then use that data to inform recruitment for the proposed program. *Please include references for your data sources.*

   - For example: Due to the shortage of providers available in rural counties and in urban areas in the state, infant mortality has increased over the last three years. There is an extremely high turnover among providers. Research indicates the best strategy to overcome this barrier is to recruit and train individuals from the communities. Therefore, 20% of all trainees recruited for the proposed program during the period of performance will be recruited from the targeted geographic areas.

2) The efforts your organization will make to prepare trainees to address the social determinants of health, including but not limited to access barriers to health services, and health literacy.

   - For example: In order to help sustain individuals in SUD treatment, training in working with, referring and follow-up with community-based organizations to facilitate connections with social services will be provided to trainees.
   - The strategies your organization will engage to improve trainee cultural competence to meet the needs of your local communities or targeted subpopulations by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.

- For example: In order to improve cultural and linguistic competence, our trainings will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include a focus on:
  - Diverse cultural health beliefs and practices
  - Preferred languages/language translation services
  - Training and integration of CLAS Standards, health literacy and other communication needs of the disparity sub-populations identified

3) Measure and report where graduates (completers of training programs) are 1 year following completion and how many of them align demographically with the community and/or disparity sub-populations they are serving, such as graduates/program completers from rural areas now practicing in a rural area.

Project activities must comply with the non-discrimination requirements described in Section VI.

Attachment 5: Maintenance of Effort Documentation (Required)
Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2022 (Actual)	**FY 2023 (Estimated)**
Actual FY 2022 non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated FY 2023 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: $_____	Amount: $_____

Attachment 6: Request for Funding Priority (As applicable)
To receive a funding priority points, include a statement that the applicant is eligible for a funding priority and identify the priority. Include documentation of this qualification. See Section V.2

Attachment 7: 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 8: Documentation of Eligibility (Required)
You must provide a statement that you meet at least one of the eligibility criteria indicated in [Section III.1.](#)

Attachment 9: Description of Clinical Training Sites (Required)
Provide a table description of the clinical training site(s) as described in the Purpose and Needs section and depicted in Table 1 below, including the number of hours per week for each rotation that each participant will be able to participate. This information will be used by reviewers to understand and evaluate your application under review criterion 1.

Clinical Training Site Name	Clinical Training Site Address (EXAMPLE: XX Main Street, Town, State, Extended Zip code)	Number of Participants and Discipline who will be involved in grant activities	Team-based care setting (Yes/No)	Number of participant hours and weeks/months at training site	Clinical training site offers MOUD and SUD/OUD prevention and treatment services (Yes/No)	Clinical training site is located in a Mental Health Professional Shortage Area (HPSA) or is a Facility Mental HPSA found in the HPSA Find Tool located at https://data.hrsa.gov/tools/shortage-area/hpsa-find
						(Insert score)

Attachment 10: Training Chart (Required)
Provides a training chart with projected number of participants and their discipline to be admitted and completed from the program for each year of the project.

Attachment 11-15: Other Relevant Documents (As Applicable)
Include here any other document that is relevant to the application including additional letters of support.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.

- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times during when you have an active federal award, an

application, or an active 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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | [SAM.gov Knowledge Base](https://sam.gov/content/home))

- Grants.gov (https://www.grants.gov/)

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

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 application due date under this NOFO is ***March 21, 2023, at 11:59 p.m.ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The ISTP Program is 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

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, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes: International travel or construction.

Project Director: The Project Director (PD) for the ISTP must be a physician, advanced practice nurse, physician assistant, health service psychologist, counselor, nurse, or social worker. The PD must be employed by (or on faculty/staff of) the applicant organization and dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities. If the percent time of the PD is not reflected in the budget, you must indicate this in the Budget Justification as an in-kind contribution. HRSA will not consider applicants that do not demonstrate the qualifications or experience described above. HRSA only recognizes one project director.

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.

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

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

Reviewers will consider the extent to which the application demonstrates the problem and associated contributing factors to the problem:

1. Documents state and local (e.g., community, county) health status indicators, including overdose rate, morbidity and mortality statistics related to behavioral health, SUD/OUD in the community, if applicable, include such data pertaining to pediatric/adolescent populations, and also include demographics and clinical training sites that the participants will serve.

2. Describes need, including recruitment and retention efforts, of NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure), who are trained to provide mental health and SUD/OUD services in underserved community-based settings that integrate primary care and mental and substance use disorders services.

3. Provides evidence of need for PAs and APNs (as appropriate) to be trained in MOUD in the community-based program and benefit to the community at large.

4. Demonstrates the need and type of faculty/instructor recruitment and development and benefit to the program and community at large.

5. Provides clinical training site(s) description as **Attachment 9.**

6. Describe how you will train providers in facilitating connections to social and community supports to help implement strategies to retain patients in care.

7. Describes (Attachment 4) how training will address the social determinants of health, prepare participants to provide culturally competent care, and track program completers'' alignment with the communities they serve demographically and geographically.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 points) – Corresponds to Section IV's *Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan,* and *Sub-section (c) Resolution of Challenges*

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

The reviewers will assess the extent to which the application:

1. Describes the activities or steps to be used to achieve each of the objectives proposed during the entire period of performance, which are specific and

identified for each year of the project period and provide indication of persons responsible for each activity.

2. Describes the meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including 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.

3. Describes how, if funds will be subawarded or expended on contracts, the applicant organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding subrecipient monitoring and management.

4. Describes how the timeframes, deliverables, and key partners required during the grant period of performance to address each of the activities to meets the need as described in the Purpose and Need section.

Criterion 2 (b): METHODOLOGY/APPROACH (25 points) – Corresponds to Section IV's *Response to Program Purpose Sub-section (b) Methodology/Approach*

Reviewers will consider the extent to which the application:

1. Provides a clear description of how the applicant organization will go about planning and implementing a training program including collaboration with academic institutions.

2. Describes how the DIS (**Attachment 4)** depicts the framework for the project, and the tools and strategies to address training and culturally- and linguistically appropriate services.

3. Provides recruitment and retention strategies for faculty, preceptors, and participants that are likely to be successful and provides a clear training chart as **Attachment 10** by training year for projected enrollment and program completion.

4. Provides a plan and timeline for training PAs and APNs with dedicated clinical experiences with a preceptor who is a registered MOUD practitioner.

5. Describes how the applicant will disseminate reports, products, and/or project outputs so project information is provided to key audiences.

6. Provides a plan to collect post-program completion employment data, including demographics of participants.

7. Describe how you will train providers in facilitating connections to social and community supports to help implement strategies to retain patients in care.

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

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

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

2. Challenges in recruiting participants, faculty/instructor, or adjunct faculty in the clinical training sites.

3. Challenges in collaborating with underserved community-based programs for participants' clinical training, including settings that serve pediatric populations.

4. Challenges in obtaining experiences in sites that offer telehealth or telemedicine.

5. Potential solutions for resolving each challenge.

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

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

The extent to which the application:

1. Supports collection of HRSA's performance measurement requirements for this program and obstacles for implementing performance evaluation and meeting HRSA's performance measurement requirements.

2. Documents that the project staff have the technical capacity to conduct the evaluation of the project.

3. Describes the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data and reporting of NPI numbers of participants in the program.

4. Describes the feasibility and effectiveness of plans for dissemination of project results and how the project results may be national in scope, and how the project activities are replicable and sustainable beyond the federal funding.

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

Reviewers will consider the extent to which the application:

1. Provides a plan for exploring future sources of potential funding for continuation of the ISTP in underserved community-based settings.

2. Proposes a timetable for becoming self-sufficient.

3. Describes challenges that are likely to be encountered in sustaining the program and proposes approaches that will be used to resolve these challenges.

4. Describes how the plan addressed sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, lessons learned through innovative activities, evaluation beyond the duration of the project and how the enhancements will be incorporated into the training/curriculum.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (10 points) – [Corresponds to Section IV's *Organizational Information, Resources, and Capabilities*](#)

The reviewers will assess the extent to which the application:

1. Describes the assets and experience and capabilities of the applicant organization in training NPs, PAs, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure), for the purposes described in this NOFO and capacity to meet program requirements.

2. Documents the mission of the applicant organization and the organization's commitment to providing integrated services in underserved community- based settings, including such settings that serve pediatric populations.

3. Documents the qualifications and capacity of the program faculty/instructor to provide the didactic and clinical training experiences for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure), linking training to best practices, and examples of other training programs that can improve health outcomes and strengthen the workforce.

4. Provides a staffing plan as **Attachment 1** and project organizational chart as **Attachment 3** that documents the qualifications of the project staff.

5. Provides evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty/instructor, consultants, staff and resources, and other partners providing support, provided in **Attachments 2 and 7.**

6. Documents institutional current resources to provide training and services through telemedicine and telehealth that justifies the request for equipment and technical support requested in this application.

7. Provides training sites as **Attachment 9** and describes the applicant organization's ability to develop linkages for clinical training in underserved community-based settings.

8. Demonstrates program capacity to provide the type and volume of learning experiences, academic partnerships, and community resources needed for participants to meet the competencies and clinical training experiences required for the program.

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

Reviewers will evaluate the extent to which the following factors are met:

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

2. Costs, as outlined in the budget and required resources sections are reasonable, given the scope of work and well justified.

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

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest-ranked applications receive consideration for award within available funding. 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 Priorities

This program includes a funding priority, as authorized by 42 U.S.C. § 294k(d)(1) (PHS Act Section 760(d)(1)). A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the review score by 5 points. The ISTP has one funding priority that can be met by any one of the four criteria below. Information to support meeting the priority should be submitted as **Attachment 6.**

The priority can be met by meeting any one of the following:

1. Demonstrate sufficient size, scope, and capacity to undertake the requisite training of an appropriate number of NPs, PAs, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure), in SUD/OUD per year to meet the needs of the area served;

2. Demonstrate experience in training providers to practice team-based care that integrates mental health and SUD prevention and treatment services with primary care in community-based settings, which may include such settings that serve pediatric populations;

3. Demonstrate experience in using health information technology and, as appropriate, telehealth to support the delivery of mental health and SUD services and support community health centers in integrating primary care and mental health and SUD treatment (which may include trauma-informed care where appropriate); or

4. Have the capacity to expand access to mental health and SUD services in areas with demonstrated need, such as tribal, rural, or other underserved communities.

Criterion 1: Capacity to Train Specified Professionals (5 points)

To qualify under this criterion, provide a table describing your capacity to train the proposed number of participants of the specified professions (PAs, NPs, health service psychologists, counselors, nurses, and/or social workers) to meet the needs of the area served. Include, in tabular form, the proposed number of participants (a year of a half-time participant counts as 0.5 participants).

Provide this information in the following format:

Discipline	Year 1 number of participants	Year 2 number of participants	Year 3 number of participants	Year 4 number of participants	Year 5 number of participants	Total over 5-year project
Physician Assistant						
Nurse Practitioner						
Health Service Psychologist						
Counselor						
Nurse						
Social Worker						

OR

Criterion 2: Team-Based Care (5 points)

You will be granted a funding priority if you demonstrate experience in training providers to practice team-based care that integrates mental health and SUD prevention, treatment, and recovery services with primary care in community-based settings, which may include such settings that serve pediatric populations.

Qualification:

To qualify for this priority, applicants must demonstrate in the past two calendar years (CY 2019-2020 and CY 2020-2021) by a narrative description, experience in training providers to practice team-based care that integrates mental health and SUD/OUD prevention and treatment services with primary care in community-based settings, which may include such settings that serve pediatric populations.

OR

Criterion 3: Health Information Technology (5 points)

You will be granted a funding priority if you demonstrate that your organization has experience in using health information technology and, as appropriate, telehealth to support the following:

1. The delivery of mental health and SUD services.

and
2. Community health centers in integrating primary care and mental health and SUD treatment (which may include trauma-informed care where appropriate).

Qualification:

To qualify for this priority, applicants must demonstrate in the past two calendar years (CY 2019-2020 and CY 2020-2021) by a narrative description of their organization's experience in using health information technology and/or telehealth.

OR

Criterion 4: Rural, Tribal or Underserved Communities (5 points)

You will be granted a funding priority if you have the capacity to expand access to mental health and SUD services in areas with demonstrated need, such as tribal, rural, or other underserved communities.

Qualification:

To qualify for this priority, applicants will need to demonstrate their ability to expand access to mental health and SUD services in one of the three areas, as defined in this NOFO by the following three criteria below:

1. Clinical training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health OR

2. The training site(s) is located in a tribal facility serving American Indians or Alaskan Natives OR

3. The training site(s) is/are located in Mental Health HPSAs with a score of 16 or above as found in the HPSA Find tool (https://data.hrsa.gov/tools/shortage-area/hpsa-find).

Information for this priority can be provided as Table 2 in **Attachment 6**:

Table 2

Site Name	Clinical Training Site Address (EXAMPLE: XX Main Street, Town, State, Zip code)	Mental Health HPSA /Mental Health Facility Score using the HPSA Find Tool	Is site located in a tribal facility listed in https://www.ihs.gov/findhealthcare/? (Yes or No)	Is site located in rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health (Yes or No)

Funding Special Considerations and Other Factors

This program includes a special consideration. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process. Under this special consideration, HRSA will aim to make at least one award per HHS region.

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 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, 2023. 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 an 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, (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a

subrecipient also are subject to the Federal Government's copyright license and data rights.

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

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 BHW on an annual basis. HRSA will verify that that approved and funded applicants' proposed objectives are accomplished during each year of the project.

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

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

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

More information will be available in the NOA.

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

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

3) **Final Progress 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.

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.

VII. Agency Contacts

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

Nandini Assar, PhD
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4920
Email: NAssar@hrsa.gov

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

Steve Coulter, MD
Project Officer, Bureau of Health Workforce
Attn: ISTP Funding Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-144A
Rockville, MD 20857
Telephone: (301) 945-3336
Email: SCoulter@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

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

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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

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

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