

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

Graduate Psychology Education (GPE) Program

Funding Opportunity Number: HRSA-19-002

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.191

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: May 7, 2019

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

Issuance Date: March 8, 2019

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Authority: Section 756(a)(2) of the Public Health Service Act (U.S.C. 42 U.S.C. § 294e-1(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 for the Graduate Psychology Education (GPE) Program. The purpose of this program is to train doctoral health psychology students, interns, and post-doctoral residents to provide integrated, interdisciplinary, behavioral health and Opioid Use Disorder (OUD)¹ and other Substance Use Disorder (SUD)² prevention and treatment services in high need and high demand areas.³ The program also supports faculty development of health service psychology.

The GPE program fosters an integrated and interprofessional approach to addressing access to care with specialized training in the provision of OUD prevention and treatment services. Through these efforts, the GPE Program transforms clinical training environments and is aligned with HRSA's mission to improve health and achieve health equity through access to quality services, a skilled workforce, and innovative programs.

Funding Opportunity Title:	Graduate Psychology Education (GPE) Program
Funding Opportunity Number:	HRSA-19-002
Due Date for Applications:	May 7, 2019
Anticipated Total Annual Available FY19 Funding:	\$18,000,000
Estimated Number and Type of Award(s):	Approximately 40
Estimated Award Amount(s):	Up to \$450,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2019 through August 31, 2022 (3 years)

¹ American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders Fifth Edition DSM-5. Washington, DC and London, England: American Psychiatric Publishing.

² American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders Fifth Edition DSM-5. Washington, DC and London, England: American Psychiatric Publishing.

³ For purposes of this NOFO, high need and high demand areas are identified as County of experiential training site location has less than 10 licensed psychologists per 100,000 population ([APA County Level Analysis of US Licensed Psychologists](#)) or experiential training site is located in a Mental Health Professional Shortage Area (HPSAs) or that are Facility Mental HPSAs with a score of 16 or above as found in the [HPSA Find Tool](#).

Eligible Applicants:	<p>Eligible applicants are American Psychological Association (APA)-accredited doctoral level schools and programs of health service psychology, APA-accredited doctoral internships in professional psychology, and APA-accredited post-doctoral residency programs in practice psychology.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

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

Technical Assistance

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

Program Purpose

The purpose of this program is to train doctoral health psychology students, interns, and post-doctoral residents to provide integrated, interdisciplinary, behavioral health and Opioid Use Disorder (OUD) and other Substance Use Disorder (SUD) ² prevention and treatment services in high need and high demand areas. The program also supports faculty development of health service psychology.

For purposes of this NOFO, high need and high demand areas are identified by two defined sources:

- County of experiential training site location has less than 10 licensed psychologists per 100,000 population as found in the [APA County Level Analysis of US Licensed Psychologists](#)
- Experiential training site is located in a Mental Health Professional Shortage Areas (HPSAs) or that are Facility Mental HPSAs with a score of 16 or above as found in the [HPSA Find Tool](#).

The overarching goal of the program is to prepare and build capacity of the doctoral health psychology workforce, to provide mental/behavioral health care, including OUD and other SUD prevention and treatment services, in high need and high demand areas.

Program Goal and Objectives

Goal: To increase the number of doctoral health service psychologists trained in integrated, interdisciplinary OUD and other SUD prevention and treatment services to serve in high need and high demand areas.

The GPE Program objectives are to:

- Demonstrate qualitatively and quantitatively how the GPE award will improve access to quality behavioral health and substance use services, including trauma-informed care, by increasing the number of doctoral health psychology graduates;
- Develop or enhance tele-behavioral health technology to improve access to health services and improved patient outcomes, and provide experiential training to doctoral health psychology students, interns, and post-doctoral residents to deliver behavioral health and substance use services via tele-behavioral health;
- Establish or enhance academic and community partnerships for development of experiential training sites, and a pipeline of well-trained, culturally competent health psychologists who are committed to working in high need and high demand areas following graduation;
- Demonstrate an ability to recruit and place the doctoral health psychology students, interns, and post-doctoral residents in experiential training sites that provide

integrated, interdisciplinary team-based care in high need and high demand areas with two or more health disciplines other than psychology, and at least 25 percent of the time in the experiential training site(s) must be in the delivery of OUD prevention and treatment services;

- Develop or enhance faculty development and training program content or design that includes incorporating a holistic review strategy that assesses an individual's social determinants of health factors alongside traditional mechanism of providing behavior health services in the provision of OUD prevention and treatment and tele-behavioral health services. Training program content and design may include development or enhancement of training models, curriculum, courses, rotations, seminars, tracks, and other innovative methods that prepare health psychologists to practice in the provision of OUD prevention and treatment services;
- Develop or enhance training that focuses on field supervisors and faculty from collaborating programs to create an infrastructure of skills, expertise, and support of a behavioral health team, which provides support and services to Drug Addiction Treatment Act (DATA-waived) Medication Assisted Treatment (MAT) prescribers as part of coordinated care teams;
- Follow-up with graduates to collect post-graduation employment demographics for at least one year after program completion. Awardees should encourage doctoral psychology trainees to apply for a National Provider Identifier (NPI) number, and must collect the NPI numbers of doctoral psychology trainees who receive HRSA funds, where available;
- Develop faculty skills and expertise in OUD and other SUD prevention and treatment; and
- Collaborate regularly and work collaboratively with the technical assistance provider (to be determined) throughout the duration of the period of performance regarding technical assistance and evaluation issues.

Please note: HRSA aims to provide technical assistance and evaluation support to GPE recipients and other HRSA mental/behavioral health recipients. It is required that all applicants who are awarded under this Notice of Funding Opportunity (NOFO) must work collaboratively with the technical assistance provider (to be determined) throughout the duration of the period of performance regarding technical assistance and evaluation issues.

Refer to [Section V.2](#) of this funding opportunity for detailed information on funding factors and qualifying for a funding preference.

2. Background

The GPE Program is authorized by Title VII, Section 756(a)(2) of the Public Health Service Act (U.S.C. 42 U.S.C. § 294e–1(a)(2)). The program was established to assist American Psychological Association (APA) accredited doctoral programs and internships in meeting the costs to plan, develop, operate, or maintain graduate psychology education programs to train health service psychologists to work with high need and high demand populations.

The focus of the FY 2019 GPE Program is to provide specialized training to doctoral health psychology students, interns, and post-doctoral residents in the provision of OUD and other SUD prevention and treatment services. In 2017, the U.S. Department of Health and Human Services (HHS) declared a public health emergency and announced a [five point strategy](#) to combat the opioid crisis.⁴ Access to better prevention, treatment, and recovery services is one of the strategies and a priority for improvement of behavioral health workforce programs.

In 2017, an estimated 46.6 million adults (18.9 percent of the population) aged 18 or older were diagnosed with any mental illness (AMI) in the past year.⁵ In this same year, 19.7 million people, aged 12 or older, had a SUD.⁵ In addition, 11.4 million people misused opioids in the past year, including 11.1 million pain reliever misusers and 886,000 heroin users.⁵

Moreover, an estimated 8.5 million adults, aged 18 or older (3.4 percent of all adults), had both AMI and SUD in the past year.⁵ Among the 8.5 million adults with co-occurring AMI and SUD, 51 percent received either substance use treatment at a specialty facility or mental health care. Similarly, in the past year, 62.7 percent of adolescents who had a major depressive episode and SUD co-occurring disorder received either substance use treatment at a specialty facility or mental health services.⁵

Drug overdose death rates increased from 1999 to 2017 for all age groups. In 2017, there were 70,237 drug overdose deaths in the United States.⁶ The age-adjusted rate of drug overdose deaths increased from 6.1 per 100,000 standard population in 1999 to 21.7 in 2017.⁶

The opioid crisis and its effect is especially evident in geographical areas with large rural concentrations, where nonmedical prescription opioid misuse remains a growing public problem.⁷ Compounding these behavioral health and substance use issues are significant behavioral health disparities in underserved communities. These disparities may be due to lack of access to health care, need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.⁸ Tele-behavioral health is an important tool for delivering services and resources to HRSA's

⁴ U.S. Department of Health and Human Services (HHS). (n.d.). *5-Point Strategy to Combat the Opioid Crisis*. Retrieved January 16, 2019, from <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>.

⁵ Substance Abuse and Mental Health Services Administration. (2018, September). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Retrieved February 21, 2019, from <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>.

⁶ Centers for Disease Control and Prevention. Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018, from: <https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf>

⁷ Keyes, K.M., Cerda, M., Brady, J.E., Havens, J.R., Galea, S. *Understanding the Rural-Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States*. American Journal of Public Health 2014; 104(2): e52-e59. Retrieved October 23, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/>.

⁸ Substance Abuse and Mental Health Services Administration. (n.d.). *Health Disparities*. Retrieved July 17, 2018, from <https://www.samhsa.gov/health-disparities>.

target populations. Tele-behavioral health can strengthen relationships within a team and across agencies and support collaboration and integration.⁹

HRSA's National Center for Health Workforce Analysis projects the demand for psychologists to grow by ten percent between 2012 and 2025.¹⁰ The projections do not account for the geographical distribution of providers which may impact access to care. HRSA is seeking to address the shortage of psychologists and improve access to care by targeting experiential training sites in high need and high demand areas. The GPE Program works to address the need for the behavioral healthcare workforce in these areas by increasing the numbers of adequately and culturally prepared health psychologists ready to practice.

HRSA has a number of investments targeting OUD and other SUDs across its Bureaus and Offices that applicants may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit here: <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 [Health Workforce Glossary](#). A listing of other key terms relevant to this announcement can be found in [Section VIII Other Information](#).

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 expects approximately \$18,000,000 to be available annually to fund approximately forty (40) recipients. You may apply for a ceiling amount of up to \$450,000 total cost (includes both direct and indirect) per year.

The period of performance is September 1, 2019 through August 31, 2022, three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the GPE Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

⁹ Health Resources and Services Administration. *Increasing Access to Behavioral Health Care Through Technology Meeting Summary*. (2012, March 30). Retrieved July 17, 2018, from <https://www.hrsa.gov/sites/default/files/publichealth/guidelines/BehavioralHealth/behavioralhealthcareaccess.pdf>

¹⁰ Health Resource and Services Administration. (April 2015). *Health Workforce Projections: Psychologists* <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/psychologistsapril2015.pdf>

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

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

III. Eligibility Information

1. Eligible Applicants

Eligible entities are APA-accredited doctoral schools and programs of health service psychology, APA-accredited doctoral internships in professional psychology, and APA-accredited post-doctoral residency programs in practice psychology.

Accreditation

Applicants applying for doctoral-level schools and program of health service psychology, professional psychology internships, and post-doctoral psychology residencies must provide documentation of their institution's APA accreditation, specifying the dates covered by the active accreditation, including expiration date, letter as **Attachment 10**.

All applicants must provide proof of accreditation. HRSA may consider any application that fails to attach a copy of the required accreditation or certification documentation non-responsive, and may not consider it for funding under this notice. Applicants are required to maintain their accreditation throughout the period of performance and notify HRSA of change in status.

The eligible entities include the 50 states, and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Domestic faith-based and community-based organizations, and tribal organizations are also eligible to apply, if otherwise eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$450,000 per year non-responsive and will not be considered for funding under this notice.

Deadline

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not be considered for funding under this notice.

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by section 797(b). Complete the MOE information and submit as **Attachment 5**.

Multiple Applications

Multiple applications from an organization are not allowable. An institution must select and submit an application for only one of either a

- doctoral school or program of health service psychology or
- doctoral internship in professional psychology or
- post-doctoral residency program in practice psychology

Independent organizations are those entities that have unique DUNS numbers.

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

Beneficiary eligibility requirements - Trainee Eligibility

Doctoral students, doctoral interns, and post-doctoral residents receiving a stipend or other funds in the GPE Program must be in an APA-accredited program, a citizen of the United States, a non-citizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants. In addition, trainees must be enrolled full or part time in the school or program receiving the grant award in order to receive stipend support.

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

IV. Application and Submission Information**1. Address to Request Application Package**

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

If you're reading this NOFO (also known as "instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event

HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 75 pages, when printed by HRSA.

The page limit includes the abstract, project narrative, budget justification narrative, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO.

Standard OMB-approved forms that are included in the application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in **Attachment 12: Other Relevant Documents**.

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

Program-Specific Instructions

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), please include the following:

i. **Project Abstract**

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

In addition to the requirements listed in the SF-424 R&R Application Guide, the applicant must include the following information in the abstract:

1. Project Title
2. Program Type Applying for (indicate one)
 - a. Doctoral Psychology School or Program
 - b. Internship Program
 - c. Post-Doctoral Residency Program
3. A brief overview of the project as a whole
4. Specific, measurable objectives that the project will accomplish
5. How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of a project
6. Statement indicating eligibility for funding preference (if applicable).

The project abstract(s) must be single-spaced and is limited to one page in length.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. The Project Narrative 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.

Applicants who propose a tele-behavioral health component to their work plan are encouraged to reach out to one of the 12 HRSA-supported Regional Telehealth Resource Centers located at <https://www.hrsa.gov/rural-health/telehealth/index.html>, which provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.

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](#)

In this section, you must describe the purpose of the proposed project and need for the program. This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve.

You must describe the purpose and need for the proposed project, including:

1. The state and local health status indicators related to behavioral health, including overdose rate, and morbidity and mortality statistics of behavioral health and OUD and other SUD in the community;
2. The demographics of the community and the experiential training site(s) population that trainees will serve, and the social determinants of health, behavioral health disparities, and access to behavioral health and substance use services, including trauma-informed care, that will be addressed through the proposed project;
3. Existing or developing tele-behavioral health services in the experiential training sites and how tele-behavioral health will be used to improve access to care and training;
4. The needs of the behavioral health workforce in the community, including recruitment and retention efforts of doctoral health psychology students, interns, and post-doctoral residents, and how the community from the academic and community partnerships in the proposed project will benefit;
5. The need for development or enhancement of the applicant training program and description of training models, curriculum, courses, rotations, seminars, tracks, and other innovative methods that prepares health psychologists to practice in the provision of OUD and other SUD prevention and treatment services;
6. The need to provide integrated, interdisciplinary, team based care with two or more health disciplines;
7. The need for faculty development in OUD and other SUD prevention and treatment; and
8. Description of the experiential training site(s) where the trainees will train and include the following information depicted in the Table 1 example as **Attachment 4**:

Table 1

Site/Rotation Name	Experiential Site Address (EXAMPLE: XX Main Street, Town, State, Zip Code)	Number of GPE Trainees	Number of trainee hours and weeks/months at training site	Experiential training site offers OUD prevention and/or treatment services (yes/no)	Experiential training site offers tele-behavioral health services (yes/no)	Experiential training site offers team based care with two or more health disciplines (yes/no)	Number of psychologists in county of experiential training site location using the APA County Level Analysis of US Licensed Psychologists	Mental Health or Facility Mental HPSA score using the HPSA Find Tool
1								
2								
3								

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

a) *Work Plan -- Corresponds to Section V's Review Criterion #2 (a).*

In this section, you must provide a comprehensive, detailed work plan that addresses how, through concrete steps, you plan to implement the proposed project in order to achieve the goals of the NOFO and successfully implement the proposed activities identified in the Methodology/Approach section. The work plan must drive and align with the methodology and include the following:

1. Description of the activities or steps, key partners, staff responsible, and timeframes during the three (3) year period of performance. Goals and objectives must be specific, measurable, achievable, realistic, and time framed;
2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and three (3) year period of performance; and
3. Identification of meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application, and, further, the extent to which these contributors reflect the populations and communities served.

A sample work plan can be found at <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>. Documentation of work plan must be submitted as **Attachment 6**.

b) Methodology/Approach -- Corresponds to [Section V's Review Criterion #2 \(b\)](#).

In this section, you must describe how you will prepare doctoral health psychology students, interns, and post-doctoral residents to provide behavioral health care, including tele-behavioral health for substance use prevention, treatment, and recovery services, in settings that provide integrated, interdisciplinary, team-based care in high need and high demand areas. You must also describe your objectives, proposed activities, and strategies, and provide evidence for how they (1) align with and drive the work plan, (2) incorporate each of the program goals and objectives and expectations of the NOFO; and (3) address the needs in the [Purpose and Need section](#).

You must present the methodologies, strategies, and approaches for the following:

1. Building or enhancing academic and community partnerships that provide opportunity for doctoral health service psychology students, interns, and post-doctoral residents to train in an integrated, interdisciplinary, team-based care setting, in high need and high demand areas with two or more health disciplines other than psychology;
2. Improving access to behavioral health and substance use services in your community, particularly in the provision of OUD prevention and treatment services and use of tele-behavioral health services;
3. Demonstrating that trainees will receive at least 25 percent of the time in experiential training site(s) in the delivery of OUD prevention and treatment services;
4. Training in tele-behavioral health in the experiential training sites and an estimate of the number of tele-behavioral health patient contacts per trainee during each year of the grant;
5. Creating a pipeline of well-trained, culturally competent health service psychologists, reflective of the population served in the community, and committed to working in high need and high demand areas following graduation;
6. Implementing experiential and didactic training, including development or enhancement of curriculum that models and develops competencies in integrated, interdisciplinary, team-based care, with two or more disciplines other than psychology, incorporates a holistic review strategy that assesses an individual's social determinants of health factors alongside traditional mechanism of providing behavioral health services, including substance use services, and links patient centered services to achieved patient outcomes;
7. Leveraging partnerships with training sites to provide behavioral health services and support DATA-waived MAT prescribers as part of coordinated care teams;
8. Implementing faculty development training and related activities, including developing skills and expertise in OUD and SUD prevention and treatment, that will benefit the training program; and
9. Developing a logic model for designing and managing the project as **Attachment 7**. A [logic model](#) is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
 - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and support

- resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

c) Resolution of Challenges -- Corresponds to [Section V's Review Criterion #2 \(c\)](#)

In this section, you must discuss challenges that they 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. This section should include:

1. Challenges related to [program goals and objectives](#), work plan, project implementation, and achievement of the proposed goals and objectives (e.g. program performance evaluation and performance measurement requirements);
 2. Challenges related to the workforce development, such as recruitment and retention, and education and training of health service psychologists in high need and high demand areas;
 3. Obstacles to obtaining experiential training sites that offer OUD and other SUD prevention and treatment services and delivery of tele-behavioral health services; and
 4. Resources and plans to resolve and overcome these challenges and obstacles, and examples of such.
- **IMPACT** -- This section includes two sub-sections— (a) *Evaluation and Technical Support Capacity*; and (b) *Project Sustainability*—both of which correspond to Section V's Review Criteria #3 (a) and (b).

a) Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criterion #3 (a)

In this section, you must describe your plan for program performance evaluation. A comprehensive evaluation will yield outcome data that both you and HRSA can use throughout the project to ensure the success of the project.

Performance Evaluation Plan: You must provide a Performance Evaluation Plan that will contribute to continuous quality improvement. The plan must include:

1. How you will monitor ongoing processes and progress toward meeting goals and objectives of the project;
2. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes and variables to be measured;
3. Expected outcomes of the funded activities; and
4. Description of how all key evaluative measures will be reported and disseminated.

In the Attachments section (IV. 2. v., Attachment 1), you must 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. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

It is required that all award recipients will work collaboratively with HRSA's technical assistance provider (to be determined) for technical assistance and evaluation needs.

Performance Reporting Plan: You must describe the systems and processes that will support your organization's collection of HRSA's required performance measures. The following link includes examples of the required data forms for this program:
<http://bhw.hrsa.gov/grants/reporting/index.html>.

You must describe the data collection strategy to collect, manage, analyze and track data to measure the impact/outcomes, of the work plan in a way that allows for accurate and timely reporting of performance outcomes.

You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

You must describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

Describe your process to track trainees after program completion/graduation for up to one year, to include the collection of trainees' National Provider Identifiers (NPI). (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics).

You must include your capacity to collect, validate, and report required data measures, including:

1. Number, setting, and location of practicum, internship, and residency experiential site(s) located in high need and high demand areas as defined by this NOFO;
2. Number, demographics of students/interns/post-doctoral residents, hours trained in experiential training site(s), hours trained in provision of OUD prevention and treatment services, and trainee-patient encounters involving tele-behavioral health;
3. Number and location of practice of graduates who pursue employment providing behavioral health and substance use services in high need and high demand areas;
4. Number of disciplines other than psychology to be trained by GPE Program activities and in the experiential training sites;
5. Number of students/interns/post-doctoral residents to receive GPE Program stipends;

6. Number and type of new or enhanced activities, trainings, curriculum, courses, evidence-based models, rotations, seminars, and other innovative methods to be developed, enhanced, and implemented in OUD prevention and treatment;
7. Number of faculty to receive training/development in OUD prevention and treatment; and type of training; and
8. Availability of resources to address access to behavioral health and substance use services and the social determinants of health.

b) Project Sustainability -- Corresponds to [Section V's Review Criterion #3 \(b\)](#)

In this section, you must provide a clear plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. The applicant must provide a clear plan for project sustainability after the period of federal funding ends.

The sustainability plan must include:

1. Description of specific actions applicant will take to highlight key elements of the project which have been effective in training and improving health psychology practice;
2. Future sources of potential funding;
3. Timetable for becoming self-sufficient; and
4. Challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

▪ **ORGANIZATIONAL INFORMATION, RESOURCES and CAPABILITIES --**
Corresponds to Section V's Review Criterion #4

In this section, you must succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. You must provide information on your organization's current mission and structure, scope of current activities, leadership and personnel, quality and availability of facilities, and an organizational chart. You must describe how all of these contribute to the ability of the organization to conduct the GPE [program goals and objectives](#) and meet program expectations.

You must describe the following:

1. The ability of your organization to conduct the GPE [program goals and objectives](#) and meet program expectations;
2. Organizational/institutional commitment to the promotion of a health psychology workforce that reflects the population served and provides evidence of recruitment, retention, and training efforts in high need and high demand areas as defined in this NOFO;
3. Capacity to provide didactic and experiential training and supervision to health service psychology doctoral students, interns, and post-doctoral residents including OUD prevention and treatment services; identify and alleviate gaps and barriers in the training of the behavioral health workforce, linking them to best practices, improved

access to behavioral health and substance use services, improved behavioral health outcomes, and examples of such;

4. Evidence of an adequate staffing plan as **Attachment 1** and project organizational chart as **Attachment 3**;
5. Evidence of institutional support, e.g., letters of agreement and support and resource (commitment to provide financial or in-kind resources, including institutional policy) provided in **Attachments 2 and 11**; and
6. How the unique behavioral health needs of the populations in the community 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 form, which 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 groups that represent the populations that are served by their programs.

Biographical sketches should include the following information:

- Senior/Key Personnel Name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- Section A (*required*) **Personal Statement**. Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award. There can only be one Project Director. The Project Director must be employed by the awarded applicant organization and dedicate a minimum of 20 percent of his/her time (may be in-kind or funded) to grant activities, employed by the awarded applicant organization, and is encouraged to have a minimum of three (3) years of experience in the provision of services for OUD and other SUD in prevention, treatment and recovery services.
- 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.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the submission requirements and where each section falls within the review criteria and the maximum points for each section.

Narrative Section 1	Review Criteria	Award Points
Purpose and Need	(1) Purpose and Need	25
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	35 (a) 15 (b) 15 (c) 5
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	20 (a) 10 (b) 10
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities	10
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.	10
TOTAL		100

iii. Budget

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

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

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the GPE Program requires the following:

Participant/Trainee Support Costs: Applicants must list (1) stipend, (2) health insurance, (3) attendance at one professional conference, (4) travel related expenses, and (5) other, as well as the number of trainees. Budget breakdown must separate trainee costs, and include a separate sub-total entitled "total Trainee Support Costs" which includes the summation of all trainee costs.

Applicants are required to provide a budget, with narrative, that includes no less than fifty (50) percent of a recipient's total requested budget each year (direct and indirect costs) per year dedicated and distributed as Participant/Trainee Support Costs to trainees in practica, internships, and residencies. Only participant/trainees who receive stipends under this funding opportunity may also receive the other trainee support listed in the above paragraph. Trainees must receive a stipend per the following guidelines:

Doctoral students in APA-accredited doctoral schools and programs in health service psychology in practica for ten (10) or more hours per week, per academic semester, shall receive a stipend of \$25,000 per year.

Doctoral interns in APA-accredited doctoral internship programs in professional psychology shall receive a stipend of \$28,352 per year.

Post-doctoral residents in APA-accredited programs in practice psychology shall receive a stipend of \$48,804 per year.

Stipends are subsistence allowance for students/interns to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program.

The stipend amounts that can be charged to the award are fixed. Award recipients may not provide stipends lower than the amounts specified above; however, award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources.

No more than one (1) year or twelve (12) consecutive months of stipend support is allowed per full-time trainee. Part-time trainees are allowed to receive a stipend prorated at one-half of the fixed amount per budget year for no more than twenty-four (24) consecutive months.

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

Faculty Development Costs: List the trainings, conferences, materials, travel or other costs for faculty development. In the budget justification, identify the number of faculty, the name and date(s) and cost of training or conference, travel costs and total estimated costs.

Tele-behavioral Health Development and Implementation Costs: List costs related to implementation of tele-behavioral health didactic and experiential training, including equipment, software, and other materials and total estimated costs.

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

v. Attachments

Applicants must provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Required)

See Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#) for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (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 agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

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: Experiential Training Site Documentation (Required)

Provide a description of the experiential training site(s) as depicted in Table 1 in the [PURPOSE and NEEDS section](#), including the number of hours per week/rotation that each trainee will participate. Additionally, please provide data from the [HPSA Find Tool](#) and/or [APA County Level Analysis of US Licensed Psychologists](#) map that demonstrate the location(s) of your training site(s) meet the qualifications for high need and high demand areas as defined by this NOFO. All data submitted is subject to verification.

Attachment 5: Maintenance of Effort (MoE) Documentation (Required)

You 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	
<p>FY 2018 (Actual) Actual FY 2018 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p>FY 2019 (Estimated) Estimated FY 2019 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Attachment 6: Work plan (Required)

Provide the [work plan](#) for the GPE project that includes all information detailed in Response to Program Purpose.

Attachment 7: Logic Model (Required)

Provide a logic model that presents the conceptual framework for your project.

Attachment 8: Documentation for Funding Priority (As Applicable)

To receive a Funding Priority, include supporting information and data, as outlined in [Section V.2 Review and Section Process](#).

Attachment 9: Documentation of Medically Underserved Community Funding Preference (As Applicable)

To receive a funding preference, include a statement that the applicant is eligible for a funding preference, identify the preference, and requested data as outlined in [Section V.2 Review and Section Process](#).

Attachment 10: Documentation of APA Accreditation (Required)

Provide documentation of APA accreditation. The applicant organization must provide: (1) a statement that it holds APA accreditation, including the type of program accredited, whether the program is accredited on contingency status, and whether the program is on probation, (2) a web link to the accreditation status, and (3) the accreditation start and expiration dates.

Attachment 11: 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 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 12: Other Relevant Documents (As Applicable)

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is May 7, 2019 *at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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 GPE Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

Unallowable Costs:

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, grant funds may not be used for construction and foreign travel.

Fringe Benefits for Trainees

Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable under this grant.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

Administration and Management of the GPE Program

No more than fifty (50) percent of funding may be dedicated to (1) development or enhancement of training program content and design including training in and implementation of tele-behavioral health services; (2) development or enhancement of financial support for the experiential training site supervisors and consultants; (3) faculty development including attendance at professional conference; (4) program administration and management; and (5) data collection.

Funding Ceiling

You may request funding for a period of performance of three (3) years, at no more than \$450,000 per year, in total costs (direct and indirect). 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.

Project Director

The Project Director must be employed by the awarded applicant organization and dedicate a minimum of 20 percent of his/her time (may be in-kind or funded) to grant activities. The Project Director is encouraged to have a minimum of three years of experience in the education and training of behavioral health service psychologists.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. 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. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The GPE Program has five (5) review criteria:

Criterion 1: PURPOSE AND NEED (25 points) – Corresponds to [Section IV's Purpose and Need](#)

Reviewers will consider whether you have presented a clear purpose and compelling need for behavioral health training in high need and high demand areas.

Applicants that list at least one training site located in the following high need and high demand areas (as listed in Table 1 in **Attachment 4**) will receive up to 10 points:

1. County of experiential training site location has less than 10 licensed psychologists per 100,000 population as documented in APA County Level Analysis of US Licensed Psychologists at https://www.apa.org/workforce/publications/15-county-analysis/report.pdf?_ga=2.145945716.1335959368.1525796962-1058508984.1525796962; (5 points) or
2. Experiential training site is located in a Mental Health Professional Shortage Areas or that are Facility Mental HPSAs with a score of 16 or above as found in HPSA Find Tool at <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (5 points).

Applicants will receive zero points if (1) you fail to include the specific addresses for the training sites; or (2) if the address of the training site is not found in the HPSA Find tool. All data submitted is subject to verification.

Applicants will receive up to fifteen (15) points based upon the quality, relevance, and extent to which you:

1. Demonstrate the target population and its access and unmet needs for behavioral health and substance use services, including OUD prevention and treatment services and trauma-informed care, in the community, and include data of such;
2. Describe the experiential training site(s) for doctoral students/interns/post-doctoral residents in an integrated, interdisciplinary, team based care setting with two or more health disciplines other than psychology;

3. Describe how trainees will provide at least twenty-five (25) percent of the time in the experiential training site(s) in the delivery of OUD prevention and treatment services in an interprofessional, team-based setting;
4. Describe how trainees will be trained in tele-behavioral health and how it will be utilized to meet the behavioral health and substance use services needs in the community;
5. Identify the two or more health disciplines that will be collaborating and training with the trainees supported under this NOFO in integrated and/or interprofessional, team-based, integrated care of OUD and other SUD services – including collaborations with DATA-waived MAT prescribers as part of coordinated care teams;
6. Demonstrate that the training, recruitment, and retention efforts of doctoral psychologists are sufficient to benefit the community and academic and community partnerships in the proposed project and reflect the population served; and
7. Identify gaps in applicants' training programs including a description of the training models, curriculum, courses, rotations, seminars, tracks, tele-behavioral health, and other methods related to training and experiential training sites.

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

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

Reviewers will consider the extent to which the application proposes a work plan that (1) incorporates the program goal and objectives and expectations of the NOFO; (2) addresses the need, expertise, and experience required in the [Purpose and Need Section](#); and (3) provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider:

1. The extent to which description of the activities, timeframes, and deliverables address and achieve each of the program goals and objectives proposed during the period of performance is documented as **Attachment 6**;
2. The feasibility of successfully completing all proposed activities and timelines within the performance period;
3. The adequacy of the staffing plan as documented in **Attachment 1**, including qualifications of the project director as required in this NOFO, to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel;
4. An explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the period of performance; and
5. Identification of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

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

Reviewers will consider the extent to which the application proposes a methodology that (1) aligns with and drives the work plan, (2) incorporates the program goals and objectives and expectations of the NOFO; and (3) addresses the needs in the Purpose and Need section. Reviewers will consider the extent to which the methodology, approach, tools, and strategies:

1. Create a pipeline of well-trained, culturally competent health service psychologists, committed to working in high need and high demand areas;
2. Place students/interns/post-doctoral residents in experiential training sites located within high need and high demand areas that provide tele-behavioral health services as defined by this NOFO and submitted as **Attachment 4**;
3. Leverage partnerships to provide behavioral health services and support to DATA-waived MAT prescribers and create an interprofessional and/or integrated, team-based coordinated model of care;
4. Build or strengthen academic and community partnerships that provide opportunities for improved access to behavioral health and substance use care in the community and allow for trainees to train in experiential training sites and with populations in high need and high demand areas;
5. Address the health care needs of the target population through tele-behavioral health, how it provides an estimated number of patient contacts in this mode of service delivery;
6. Describe how the twenty-five (25) percent of the experiential training is in OUD prevention and treatment and in integrated, interdisciplinary, team-based care with two or more health disciplines other than psychology, and any changes in program content or design;
7. Explain the linkages among the project elements in the logic model as **Attachment 7**; and
8. Cultivate faculty development, particularly in OUD prevention and treatment, to benefit the training program and academic and community partnerships.

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

Reviewers will consider the extent to which you demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for overcoming identified contingencies that may arise.

Reviewers will consider:

1. Challenges and obstacles described in regard to the program implementation and activities outlined in the Work Plan, and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives;
2. Challenges related to the psychologists' retention, recruitment, education, and training in high need and high demand areas as defined by this NOFO; and
3. Challenges related to leveraging academic and community partnerships including development of experiential training sites where trainees train to work in high need and high demand areas and OUD prevention and treatment services, and improved access to behavioral health and substance use care.

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

Reviewers will consider the extent to which the application demonstrates how the applicant will (1) report on the measurable outcomes for program performance evaluation that includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures; (2) how the applicant will monitor programs and analyze data to identify gaps and outcome impact, and (3) perform continuous quality improvement to the behavioral health workforce programs.

Reviewers will consider:

1. The quality of the evaluation plan, demonstrated expertise, experience, the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and the ability to comply with HRSA's performance measurement requirements as described in this NOFO;
2. The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;
3. The quality of the plan including the methodology and proposed approach for utilizing both quantitative and qualitative data efforts to periodically review program outcomes; and
4. The feasibility and effectiveness of plans for replicability of the training program and dissemination of project results.

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

Reviewers will consider the extent to which the application describes a plan for project sustainability after the period of federal funding ends.

Reviewers will consider:

1. Whether the plan includes sustained key elements of their grant, e.g., training methods or strategies, partnerships which have been effective in improving practices, and tangible next steps for continuing the effort described in their application beyond the duration of the grant period;
2. How the plan fully describes the project sustainability after the period of federal funding ends;
3. Challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges;
4. Identification of other sources of income and/or future funding initiatives, as well as a timetable for becoming self-sufficient;

5. How the plan builds on existing relationships between academic institutions, experiential training sites, and other interdisciplinary partners; and
6. The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

Reviewers will consider the extent to which the application demonstrates that the applicant organization has the organizational mission, structure, resources and capabilities in place to implement and complete the project by the timeframe set in the period of performance to ensure that the [program goals and objectives](#) and expectations of the NOFO are met, and has an understanding of potential obstacles and challenges during the design and implementation of the project.

Reviewers will consider:

1. Evidence that the project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments and that the project director has the required experience, dedicated percentage of time on project and is employed by the applicant organization as required by this NOFO;
2. Evidence of the capacity to provide didactic and experiential training and supervision in integrated, interdisciplinary, team-based care settings with two or more disciplines other than psychology,
3. Evidence of the ability to place students in interprofessional, team-based training sites to fulfill the twenty-five (25) percent training in OUD prevention and treatment requirement;
4. Evidence that applicant organization places trainees in experiential training sites that are in high need and high demand areas as defined by this NOFO and provide OUD prevention and treatment services and tele-behavioral health;
5. Evidence of an adequate staffing plan including supervision for trainees for the proposed project including the project organizational chart;
6. Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources, including institutional policy) provided in **Attachment(s) 2 and 11**;
7. Evidence of meaningful support, collaboration, and commitment with key stakeholders in planning, designing, and implementing all activities. This may be demonstrated by resources and/or letters of agreement and support as **Attachment(s) 2 and 11** (i.e., commitment to provide financial or in-kind resources); and
8. Evidence of your organization's successful experience administering grant or cooperative agreement workforce development programs of similar size and scope including meeting all performance indicators and reporting requirements.

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

The reviewers will consider the extent to which the proposed budget for each of the budget years of the period of performance is reasonable in relation to the objectives, the complexity of the training activities, and the anticipated results.

Reviewers will consider:

1. Whether the number of students, interns, and post-doctoral residents and total amount of trainee costs including stipend, professional conferences, travel, health insurance, and other costs per budget year are clearly and concisely described. The budget must include at least 50 percent for trainee support costs;
2. Whether the costs outlined in the SF-424 R&R and budget justification are consistent in both sections, and reasonable given the scope of work; and
3. The extent to which the proposal follows the budget guidelines specified in the NOFO and the SF-424 R&R Application Guide.

2. Review and Selection Process

The HRSA objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors as described in this section in selecting applications for award. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

PHS Act section 756(b) outlines several eligibility requirements for these awards, including:

1. The requirement that to be eligible an institution shall demonstrate an ability to recruit and place the students in areas with a high need and high demand population. For purpose of this NOFO, high need and high demand areas include at least one of the following:
 1. County of experiential training site location has less than 10 licensed psychologists per 100,000 population as documented in [APA County Level Analysis of US Licensed Psychologists](#); or
 2. Experiential training site is located in a Mental HPSA or that are Facility Mental HPSAs with a score of 16 or above as found in [HPSA Find Tool](#).
2. participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientation;
3. knowledge and understanding of the concerns of the individuals and groups described in the previous clause, especially individuals with mental health disorder symptoms or diagnoses, particularly children and adolescents, and transitional-age youth;
4. any internship or other field placement program assisted under the award will prioritize cultural and linguistic competency; and

5. the recipient will provide to HRSA such data, assurances, and information as HRSA may require.

Funding Priority: The GPE Program includes a funding priority, as authorized by Section 756(d) of the Public Health Service Act. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. The GPE Program has one funding priority:

- Trained psychology, psychiatry, and social work professionals to work in integrated care settings **(1 point)**.

HRSA staff will grant you a funding priority if you submit as **Attachment 8** any information and/or data evidence that you have trained psychology, psychiatry, and social work professionals to work in integrated care settings. To receive the funding priority, HRSA staff will review data submitted in **Attachment 8**, and will report to the peer review committee a list of those eligible applicants who met the criteria outlined above. Applications determined to meet the above criteria for the priority will have an additional (1) point added to the final score assigned by the peer review committee. Applications that do not receive a funding priority will be given full and equitable consideration during the review process.

Funding Preference: As authorized by Section 791 of the Public Health Service Act, the GPE Program provides a funding preference for applicants scoring above the 20th percentile of proposals that have been recommended for approval by peer review groups. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference.

Funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference(s).

Qualification 1: High Rate

Has a high rate for placing graduates/program completers in practice settings having the principal focus of serving residents of medically underserved communities.

To qualify for high rate, an applicant must demonstrate that the percentage of graduates/program completers placed in practice settings serving medically underserved communities for Academic Year (AY) 2016-2017 and AY 2017-2018 is greater than or equal to fifty (50) percent of all program completers.

Applicants who wish to request funding preference under Qualification 1 must submit as **Attachment 9** the following documentation:

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's/program completer's practice in medically underserved communities: data.hrsa.gov (Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs) <ul style="list-style-type: none"> • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population <u>or</u> • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$\text{High Rate} = \frac{\begin{array}{c} \text{\# of Graduates/Program Completers in AY16-17 Employed in MUCs} \\ \text{Plus} \\ \text{\# of Graduates/Program Completers in AY17-18 Employed in MUCs} \end{array}}{\begin{array}{c} \text{Total \# of Graduates/Program Completers in AY 16-17} \\ \text{Plus} \\ \text{Total \# of Graduates/Program Completers in AY 17-18} \end{array}} \times 100$

Qualification 2: Significant Increase

During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates/program completers in such settings.

To qualify for Significant Increase, an applicant must demonstrate a twenty five (25) percent increase of placing graduates/program completers in medically underserved communities from AY 2016-2017 and AY 2017-2018. Applicants who wish to request funding preference under Qualification 2 must submit as **Attachment 9** the following documentation:

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's/program completer's practice in medically underserved communities: data.hrsa.gov (Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs) <ul style="list-style-type: none"> • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population <u>or</u>

		<ul style="list-style-type: none"> Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		
$ \begin{array}{rcl} & \# \text{ of Graduates/Program Completers in AY 17-18 Employed in MUCs} & \\ & \text{-----} & \\ & \text{Total \# of Graduates/Program Completers in AY 17-18} & \\ \text{Significant Increase} & = & \text{Minus} \\ & & \\ & \# \text{ of Graduates/Program Completers in AY 16-17 Employed in MUCs} & \\ & \text{-----} & \\ & \text{Total \# of Graduates/Program Completers in AY 16-17} & \\ & & \text{X 100} \end{array} $		

Qualification 3: New Program

Qualification 3 is a pathway that permits new programs to compete equitably for funding under this section. Those new programs that meet at least four (4) of the following criteria shall qualify for a funding preference. New Program means any program that has graduated/completed less than three classes and not grant programs such as the GPE, specialized tracks or population focus, or rotations within a school or program. Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 9** documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria:

1. The training organization's mission statement includes preparing health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

Other Funding Factor: Pursuant to Section 756(c) of the PHS Act, at least four of the grant recipients shall be Historically Black Colleges or Universities or other Minority-Serving Institutions.

3. Assessment of Risk and Other Pre-Award Activities

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. 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.

Effective January 1, 2016, 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 any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 R&R Application Guide](#).

Requirements of Subawards

The terms and conditions in the Notice of Award (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. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

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

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

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

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

Further information will be provided in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the 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 award notice and can be found at <https://bhw.hrsa.gov/grants/reportonyourgrant>.

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 days after the period of performance ends.

- 3) **Final Program Report.** A final report is due within 90 days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system 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 award notice.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the award notice.
- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

William Weisenberg
Attn: GPE Program
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-8056
Email: [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

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

Andrea G. Battle, Ph.D.
Project Officer, Behavioral and Public Health Branch, Division of Nursing and Public Health
Attn: GPE Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 11N124A
Rockville, MD 20857
Fax: (301) 443-1928
Email: GPE@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website:
https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website:
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

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

Program Definitions:

The following definitions apply to the GPE Program for FY 2019.

APA-Accredited Programs – Doctoral psychology programs, internships, and post-doctoral residency programs that have been accredited by the American Psychological Association. A listing can be found at <http://www.apa.org/ed/accreditation/programs/index.aspx>.

Health disparities - differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.

Health Service Psychology – includes clinical psychology, counseling, and school psychology, or a combination thereof.

High Need and High Demand Area – For purposes of this NOFO, high need and high demand areas are identified as the following:

1. County of experiential training site location has less than 10 licensed psychologists per 100,000 population as documented in [APA County Level Analysis of US Licensed Psychologists](#); or
2. Experiential training site is located in a Mental Health Professional Shortage Area (HPSAs) or that are Facility Mental HPSAs with a score of 16 or above as found in HPSA Find Tool.

Holistic review - A strategy that assesses an individual's social determinants of health factors alongside traditional mechanism of addiction, which will foster a better understanding of the causes of addiction and ultimately inform treatment. It is designed to help clinicians consider a broad range of factors influencing the individual's addiction such as their socioeconomic status, food security, education, built environment, employment status, social support networks, as well as access to health care.

Medically Underserved Community - a geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes.

New Program - a program that has graduated less than three classes. See Sec. 791(c)(2) of PHS Act.

Opioid Use Disorder (OUD) – A problematic pattern of opioid use leading to clinically significant impairment or distress occurring within a 12-month period.

Part-time – the number of days per week and/or months per year representing part-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled part-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Practice Psychology – per the APA, refers to the breadth of training and a blend of skills that a psychologist uses to provide a wide range of diagnostic, therapeutic, and consultative services.

Social Determinants of Health –Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as *social and physical determinants of health*, they impact a wide range of health, functioning, and quality-of-life outcomes.¹¹

Substance Use Disorder (SUD) – a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

Underserved – For purposes of this NOFO, underserved and medically underserved are used interchangeably. See Medically Underserved Communities.

¹¹ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. (n.d.).*Determinants of Health*. Retrieved July 17, 2018 from, <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>.

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