U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy

Rural Residency Planning and Development Program

Funding Opportunity Number: HRSA-20-107
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: June 30, 2020

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

Issuance Date: April 29, 2020

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Authority: 42 U.S.C. 912(b)(5).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Rural Residency Planning and Development (RRPD) Program. The purpose of this program is to develop newly accredited and sustainable rural residency programs in family medicine, internal medicine, public health and general preventive medicine, psychiatry, general surgery, and obstetrics and gynecology, to support expansion of the physician workforce in rural communities.

The new rural residency programs will: (1) achieve accreditation through the Accreditation Council for Graduate Medical Education (ACGME), (2) ensure sustainability through public or private funding beyond the RRPD period of performance, and (3) track residents' career outcomes post-graduation, including but not limited to retention in rural communities.

Funds will support planning and development costs accrued while achieving program accreditation. Hospitals, medical schools and community-based ambulatory settings that have a rural designation along with consortia of urban and rural partnerships are eligible to apply for a grant award.

Funding Opportunity Title:	Rural Residency Planning and Development Program
Funding Opportunity Number:	HRSA-20-107
Due Date for Applications:	June 30, 2020
Anticipated Total Annual Available FY 2020 Funding:	$8,250,000
Estimated Number and Type of Awards:	Up to 11 grants
Estimated Award Amount:	Up to $750,000 for the 3 year period of performance and awarded in Year 1
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2023 (3 years)
Eligible Applicants:	Eligible applicants* include domestic public, private and nonprofit organizations: 1) rural hospitals 2) rural community-based ambulatory patient care centers including federally qualified health centers, community mental health centers or rural health clinics 3) health centers operated by the Indian Health service, tribes or tribal organizations, or an urban Indian organization 4) graduate medical education consortiums 5) faith-based and community-based organizations, capable of carrying out the grant activities

	*Either the applicant organization or a consortium's primary training partner must be located in a rural area. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance webinar to help you understand, prepare, and submit an application for this NOFO. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

Webinar

Day and Date: Friday, May 15, 2020
Time: 2 – 3 p.m. ET
Call-In Number: 1-800-857-5025
Participant Code: 3414395
Weblink: https://hrsa.connectsolutions.com/rrpd_ta_2020/
Playback Number: 1-866-360-3307
Passcode: 51520

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Residency Planning and Development (RRPD) Program. The purpose of this grant program is to support the development of new rural residency programs in family medicine, internal medicine, public health and general preventive medicine (hereafter referred to as "preventive medicine"), psychiatry, general surgery, and obstetrics and gynecology, to address the physician workforce shortages and challenges faced by rural communities.

Rural residency programs are accredited medical residency training programs that primarily train residents in rural training sites for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities. One common model is the 1+2 Rural Training Track (RTT), where the first year of training occurs within a larger program, typically in an urban hospital or academic medical center, and the final two years in a rural health facility.

Program Goal

The goal for the RRPD program is for each recipient to establish a new rural residency program that is accredited by the Accreditation Council on Graduate Medical Education (ACGME) and has a strong sustainability plan for a stable future financial outlook by the end of the period of performance. All RRPD program recipients should be capable of effectively training physicians to practice in and meet the clinical needs of rural populations. As a result, the proportion of graduates from these programs entering careers in practices primarily serving rural populations is expected to markedly exceed that seen in other programs across the nation.

Program Objectives

1. Residency Program Development – develop a newly accredited, rural residency program in family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology that is ready to begin training its first class of residents no later than the academic year (AY) immediately following the end of the RRPD period of performance.

2. Program Sustainability – have a clearly defined, factual, and validated sustainability plan that includes ongoing funding stream(s) to sustain long-term resident training once the program is established through the following options:
    A. Qualifying under current regulatory authority for Medicare graduate medical education (GME) payments in rural hospitals starting a new residency training program.[1] Specifically, the applicants:
        i. Either have a viable direct GME Per Resident Amount or are eligible to establish one after training residents for the first time, and

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[1] CMS's criteria for determining if a program is new are in the August 27, 2009 Federal Register, page 43908: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm

      ii.   Eligible for a viable indirect GME and direct GME resident cap adjustment.
- B.   Creating an RTT program in accordance with Medicare regulations[2,3]
- C.   State or other public and/or private support
- D.   Combination of multiple funding streams (e.g., a hospital may have a mix of Medicare and other public funding)

Refer to Section IV.2.ii. Program Sustainability for further details.

3. Graduate Tracking Plan – provide a structured plan to track and publicly report on residents' career outcomes after graduation for a period of at least 5 years after the first graduating class to determine retention in rural communities. Examples of information collected may include, but not limited to practice specialty/sub-specialty and location, patient population served, service time committed to the care of safety net patients, part/full-time clinical practice status, services offered, proportion of clinical time in inpatient and outpatient settings, and any additional training opportunities pursued after residency completion.

In addition, programs should: 1) provide interprofessional training specific to the needs of their rural community which may include training with behavioral health professionals, nutrition specialists and pharmacists; 2) describe any special populations served by the training program and that trainees are immersed in the care of, such as members of tribal communities, veterans, people living with HIV, patients with under- and uninsurance, patients with substance use disorder, or other groups served by HRSA programs; and 3) address other known challenges specific to rural residency programs such as having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

2. Background

This program is authorized by 42 U.S.C. § 912(b)(5), and will be administered by the Health Resources and Services Administration's (HRSA's) Federal Office for Rural Health Policy (FORHP), in consultation with the Bureau of Health Workforce (BHW).

FORHP is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is statutorily required to advise the Secretary of HHS on the effects of current policies and proposed statutory, regulatory, administrative and budgetary changes in Medicare and Medicaid programs, on the financial viability of small rural hospitals, on the ability of rural areas to attract and retain physicians and other health professions, and on access to and the quality of health care in rural areas.

BHW improves the health of the nation's underserved communities and vulnerable populations by developing, implementing, evaluating, and refining programs that strengthen the nation's health care workforce. BHW priorities are to: 1) transform the

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[2] CMS's rules and regulations for RTT programs are available at 42 CFR 413.79(k) https://www.ecfr.gov/cgi-bin/text-idx?SID=18471fdd458764a020f9e04e55230a38&mc=true&node=pt42.2.413&rgn=div5
[3] CMS's policy updates for RTT programs are available in the August 22, 2016 Federal Register, page 57027: https://www.govinfo.gov/content/pkg/FR-2016-08-22/pdf/2016-18476.pdf

health care workforce by creating training opportunities, incentives, and sustained support for clinicians working in rural and underserved areas, 2) increase access to behavioral health services, including substance use disorder treatment, 3) use health care workforce data to inform program and policy decisions.

Approximately 18 percent of the population, roughly 57 million individuals, live in rural communities[4]. Residents of rural communities typically are older than their urban counterparts are and generally experience higher frequency of chronic disease. Coupled with these demographic characteristics, rural Americans often have poorer health status than urban counterparts[5], likely due in part to challenges in accessing health care such as limited transportation options, geographic isolation, and lack of infrastructure. In particular, rural communities are much less likely to have the health professionals necessary to adequately care for their communities' needs.

Of the nearly 2,000 rural counties in the United States (U.S.), 1,895 (95 percent) are entirely or partially in a primary care health professional shortage areas (HPSAs).[6] However, higher primary care physician densities in rural areas correlate with increased quality of care and reduced rates of hospitalization for certain conditions.[7] Rural areas also often lack access to behavioral health providers that they critically need - 80 percent of non-core rural counties do not have a psychiatrist.[8] Enrolling trainees with rural backgrounds and training residents in rural settings are strategies shown to successfully encourage graduates to practice in rural settings.[9]

In FY 2018, HRSA funded a cooperative agreement (HRSA-18-117) to establish a RRPD Technical Assistance Center (RRPD-TA) to identify and work with applicants and support RRPD award recipients (HRSA-19-088) in establishing new rural residency programs. All RRPD recipients are required to collaborate with the RRPD-TA center during the period of performance and attend virtual and in-person annual meetings. Additionally, recipients that have the same or adjacent target areas are required to collaborate with each other in conjunction with the RRPD-TA center to meet the goals and objectives of the RRPD award.

Contingent on the availability of resources, the secondary purpose of the RRPD-TA is to provide technical assistance to other entities that a) would have been eligible for the RRPD program but did not apply, or b) were not selected for a RRPD program award. More information about RRPD-TA is available at www.ruralgme.org.

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[4] HRSA Federal Office of Rural Health Policy: https://www.hrsa.gov/rural-health/about-us/definition/index.html
[5] ASPE Issue Brief: https://aspe.hhs.gov/system/files/pdf/211061/RuralHospitalsDSR.pdf
[6] Department of Health and Human Services, Health Resources and Services Administration Data Warehouse, October 2019.
[7] Alex McEllistrem-Evenson. Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us?: A Review of Rural Health Research Center Literature, 2000-2010. April 2011. Available at: https://www.ruralcenter.org/resource-library/informing-rural-primary-care-workforce-policy-what-does-the-evidence-tell-us-a
[8] Larson EH, Patterson DG, Garberson LA, Andrilla CHA. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Sep 2016. Available at: https://www.ruralhealthresearch.org/publications/1058
[9] Rosenthal TC, McGuigan MH, Anderson G. Rural residency tracks in family practice: graduate outcomes. Fam Med. 2000;32:174 –7.

Program Definitions

The following definitions apply to the RRPD Program for Fiscal Year 2020:

1. **Centers for Medicare & Medicaid (CMS) Rural** – CMS defines rural in accordance with Medicare regulations at 42 CFR 412.64(b)(ii)(C); that is, a rural area is an area outside of an urban Metropolitan Statistical Area. This excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103. To determine if a hospital is located in a county that is rural for CMS inpatient prospective payment system (IPPS) wage index purposes, refer to the "FY 2020 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2020 IPPS Final Rule Homepage. Applicants are encouraged to contact their Medicare Administrative Contractor (MAC) to confirm rural status for Medicare GME. *Note: if proposing a sustainability plan including Medicare GME funding, all applicants must meet CMS **and** FORHP's definition of rural.*

2. **Federal Office of Rural Health Policy (FORHP) Rural** – FORHP accepts all non-metropolitan counties as rural and uses an additional method called the Rural-Urban Commuting Area (RUCA) codes to determine rurality. Census tracts inside Metropolitan counties with the RUCA codes 4-10 are considered rural.[10] To determine whether a geographical area is considered rural as determined by FORHP, please use the Rural Health Grants Eligibility Analyzer and the "Am I Rural?" Tools. HRSA's definition of rural may differ from CMS, which is an important distinction to understand if developing a financial sustainability plan for a rural residency program based on Medicare GME support.

3. **Graduate Medical Education Consortium** – An association of two or more organizations, hospitals, or institutions involved in residency training, with at least one consortium partner that is a rural training partner. For example, schools of allopathic medicine or osteopathic medicine may be eligible to apply if part of a graduate medical education consortium.

4. **National Provider Identifier (NPI)** – The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. Additional information about NPIs can be found at the following site: https://nppes.cms.hhs.gov/#/.

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[10] HRSA Federal Office of Rural Health Policy: https://www.hrsa.gov/rural-health/about-us/definition/index.html

5. **New Medical Residency Training Program** – per 42 CFR 413.79(l), CMS defines a new medical residency program as one that is, "a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995".[11]

6. **Public Health and General Preventive Medicine** – ACGME defines Public Health and General Preventive Medicine as the specialty in which physicians focus on health promotion and disease prevention in communities and other defined populations.[12]

7. **Rural Residency Programs** – Rural residency programs are ACGME accredited physician residency training programs that place residents in rural training sites for greater than 50 percent of their total time in residency training, and focus on producing physicians who will practice in rural communities.

8. **Rural Training Tracks (RTT)** – a rural residency program model that consists of partnerships between urban and rural clinical settings where the first year of training occurs within a larger program, typically in an urban hospital or academic medical center, and the final two years occur in a rural health facility. For CMS Medicare GME purposes, RTT programs are separately accredited rural track programs where residents rotate at a rural hospital for more than one-half of the duration of the program. CMS's regulations for RTT programs are available at 42 CFR 413.79(k).

9. **Target Area** – A target area is the specific rural geographic location(s) to be served by the proposed rural residency program. If multiple applications are received for the same target area, then only the highest ranked application in the target area will receive consideration for award within available funding ranges. Only one recipient will be funded for a target area.

10. **National Provider Identifier (NPI)** – The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. Additional information about NPIs can be found at the following site: https://nppes.cms.hhs.gov/#/.

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[11] CMS's criteria for determining if a program is new are in the August 27, 2009 Federal Register, page 43908: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm . In determining whether a program is new, CMS will consider the accrediting body's characterization of the program as new and whether the program existed previously at another hospital, as well as factors such as (but not limited to) whether there are new program directors, new teaching staff, and whether there are only new residents training in the program
[12] https://www.acgme.org/Specialties/Overview/pfcatid/20

11. **Clinical** – per the definition provided by the ACGME, "clinical" is defined as both direct patient care as well as population health activities.[13] Public Health and General Preventive Medicine programs interested in this program should utilize this definition where "clinical" requirements are requested in the application and provide relevant training, experiences, and partnerships in either direct clinical care and/or population health as necessary.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $8,250,000 to be available to fund approximately 11 recipients for the 3-year period of performance. You may apply for a ceiling amount of up to $750,000 total cost for the entire 3-year period of performance (includes both direct costs and indirect costs, facilities and administrative costs). HRSA requires a line item budget and justification for each year of the period of performance.

The period of performance is September 1, 2020 through August 31, 2023 (3 years). Awards are fully funded at the outset for use over the period of performance.

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

Indirect costs under this program have a maximum rate of 10 percent, if a negotiated cost rate has not been established.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are domestic public or private non-profit entities including domestic faith-based and community-based organizations, tribes, and tribal organizations. Specifically, these organizations include: 1) rural hospitals, 2) rural community-based ambulatory patient care centers, including federally qualified health centers (FQHC), community mental health centers or rural health clinics, 3) health centers operated by the Indian Health Service, tribe or tribal organization, or an urban Indian organization; 4) graduate medical education consortiums, including schools of allopathic medicine or osteopathic medicine, 5) entities such as faith-based and community-based organizations, capable of carrying out the grant activities.

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[13] Accreditation Council on Graduate Medical Education: Glossary of Terms. February 14, 2020. https://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2020-02-17-152737-483

Eligible applicants must demonstrate the following to be considered eligible for the RRPD grant program:

Rurality

Eligible applicants or the primary rural training partner* must be located in a rural location. For applicants proposing a sustainability plan that relies on Medicare GME funding, the applicant or primary rural training partner must meet both the CMS and FORHP definition of rural. For applicants proposing other sustainability plans, the applicant or primary training partner must meet FORHP's definition of rural. Refer to Section I.2. Program Definitions for more information on rural eligibility. Proof of rural designation is required in **Attachment 6**.

*In the case of a graduate medical education consortium and other domestic public or private non-profit entity that is located in an urban area, eligible applicants must have a primary training partner located in a rural area. Applicants must submit Letters of Agreement for partnerships and consortiums in **Attachment 4**.

New Program

Applications must propose to develop a newly, accredited residency program in family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology. Applications requesting funding to expand an existing residency program are not eligible. Entities who have achieved ACGME accreditation for a residency program in the above specialties by the application closing date are not eligible.

Recipients of the RRPD-TA cooperative agreement and the FY2019 RRPD grant (HRSA-19-088) are not eligible to receive funding under this notice.

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 $750,000 total costs (includes both direct costs and indirect, facilities and administrative costs) for the full period of performance **non-responsive** and will not consider it for funding under this notice.

Deadline

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

Multiple Applications

Multiple applications from an organization are not allowable. You may apply for funding to support developing multiple rural residency programs under one award, but you must demonstrate in the application your ability to do so. It is anticipated that most awards will be for one rural residency program. 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.

Incomplete Application

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

Program Sustainability

Applications must have a clearly defined, factual, and validated sustainability plan that includes ongoing funding stream(s) to sustain resident training once the program is established. Eligible applicants with a sustainability plan that includes Medicare GME payments may also be required to be a rural hospital in accordance with Medicare established regulations 42 CFR 412.64(b)(ii)(C). See Section IV.2.ii. Program Sustainability for more information on sustainability options.

*Note: All applications proposing a sustainability plan involving Medicare GME must meet **both** the CMS and FORHP definition of rural. Refer to Section I.2. Program Definitions for more information on rural eligibility. If any application does not include a clearly defined, factual, and validated sustainability plan or if the application does not include clear, factual, and validated evidence that the applicant organization has ensured that all necessary components of their proposal meet all applicable definitions of rural, that application will be considered incomplete, non-responsive, and therefore ineligible for review.*

Notifying your State Office of Rural Health

You are required to notify the State Office of Rural Health (SORH) of your intent to apply to this program. A list of the SORHs can be accessed at https://nosorh.org/nosorhmembers/nosorh-members-browse-by-state/. You must include in **Attachment 8** a copy of the letter or email sent to the SORH and any response received to the letter that was submitted to the SORH describing your project.

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to you regarding model programs, data resources, and technical assistance for consortiums, evaluation, partner organizations, or support of information dissemination activities. If you do not receive a response, please include the original letter of intent requesting the support.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the 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 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, biographical sketches and Letters of Agreement and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-20-107, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You certify, on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 9: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 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 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 Application Guide*. In addition to the SF-424 Application Guide requirements, the project abstract must include the following information below. The project abstract must be single-spaced and no more than two pages in length.

Abstract Heading Content:
- Applicant Name
- Eligible Entity Type
- Project Director Contact Information
- Residency Program Director Contact Information
- Residency Type (e.g., rural residency, 1+2 RTT)
- Residency Specialty
- Sponsoring Institution
- Rural Target Area(s)
- Funding Amount Requested
- Program Sustainability Option (refer to Section IV.2.ii. Program Sustainability for further details)
- Projected Number of Residents; and
- Expected ACGME Accreditation and Residency Matriculation Dates

Abstract Body Content:
- Brief overview of the project including description of geographic area (e.g., rural counties served), target patient population and needs, consortium partners (if applicable) and clinical partnerships (e.g., clinical sites that are FQHCs, Veteran Affairs clinical sites); and

- Specific measurable objectives and expected outcomes of the project, how the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project). Please also include a listing of recent HRSA awards received relevant to the project (e.g., health workforce, rural, or training awards).

ii. Project Narrative

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 "Purpose and Need"*

  Briefly describe the purpose of the proposed project and clearly identify specific project goals, objectives, and expected outcomes. Summarize how the proposed project will address the population health needs and expansion of family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology care and access for the proposed target area(s).

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 "Purpose and Need"*

  Provide an overview of the health workforce and health care needs of the target area(s) served by the proposed project. This section should primarily focus on describing the needs of the community, the organization and facility(s) needs to develop a new rural residency program, and an assessment of the current health care infrastructure, including the graduate medical education landscape and other residency programs serving the community. You must use and cite demographic data (e.g., local, state, federal) whenever possible to support the information provided.

  Specifically, this section must include the following information:
  1) Description of the geographic area in which the residency program is located, and the impact on this need to the areas that your residency program is working to solve. To the extent possible, include data on the population demographics, social determinants of health, health disparities faced by, and health care needs of the population served, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities (MUC) and/or Health Professional Shortage Areas (HPSA).

2) Shortages and need for additional physicians in the specialty for which you are applying for funding, including current (within 3 years) information and data demonstrating needs for the proposed specialty in the target area(s) and identify specific reasons for this shortage.

3) Description of the rural health care delivery system and the specific needs of the facility(s) hosting the rural residency program. Include information on the organization's structure and the clinical and faculty capacity needed to support a new rural residency program.

4) Description of any residency programs (existing or in development) in the specialty area for which you are applying for funding, that serves the target area(s) where the proposed new rural residency program will be located.

5) Description of any progress that has already been made towards developing a rural residency program.

6) Characteristics of existing residency program partners that align with the purposes of this project and need for strengthening of academic and community linkages/partnerships with private sector or safety net providers for development of clinical training sites for residents, preceptor development and retention, and well-trained, culturally competent health care providers.

7) Description of any consultations with the State Office of Rural Health related to the planning and development of the new rural residency program.

The following section below corresponds to Section V's Review Criterion #2 "Response" which includes three sub-sections – (a) Methodology, (b) Work Plan, and (c) Resolution of Challenges.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2(a) "Response"*

Propose methods that will be used to address the stated needs and how they will achieve identified program goals and objectives. Clearly specify how the proposed methods will overcome challenges and barriers identified in the "Needs Assessment" section above. Specifically, this section must include how you plan to achieve:

1) ACGME accreditation for the new rural residency program no later than the end of the program performance period (i.e., July 31, 2023). Applicants must describe:
   a. Clinical capacity to meet ACGME accreditation requirements including sufficient numbers of dedicated, supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties. *Note: This may be achieved through clinical training partnerships. In this case, Letters of Agreement must be submitted in* **Attachment 4***.*
   b. Current organizational structure and plan to meet ACGME requirements, including governance structure and the capacity of the organization to meet ACGME sponsoring institution requirements.

This may also include acquiring access to electronic health records, library services, learning management systems, etc.

    c. Faculty recruitment and development plan to support residency program, including recruiting specialty faculty to meet ACGME requirements for the proposed specialty.

    d. Curriculum and training plan, including incorporation of interprofessional training and development, culturally and linguistically appropriate care and training to address the health needs and disparities of patients from the proposed target areas(s). The curriculum plan should be high quality, leading to successful board certification of graduates and readiness for clinical practice following completion of training.

2) Resident matriculation no later than the AY immediately following the end of the program period of performance (i.e., Fall 2024). Applicant must describe a plan to:

    a. Recruit and support a diverse cohort of high quality residents, including outreach to medical students with a rural background.

    b. Recruit and train at least the minimum number of residents required to achieve and maintain accreditation for the proposed specialty.

    c. Promote retention of resident graduates to practice in rural communities.

3) Tracking residents' career outcomes for a period of at least 5 years post-graduation from the rural residency program. Applicants must describe a plan to:

    a. Develop a tracking tool/mechanism or leverage an existing graduate tracking system to track and publicly report on graduates career outcomes and retention in rural and underserved areas, including but not limited to, practice specialty/sub-specialty and location. At a minimum, the graduate tracking plan should be equipped with the ability to accurately collect the following graduate outcomes:

        i. National Provider Identifier (NPI)
        ii. Practice location(s)
        iii. Specialty Area
        iv. Part-time or full-time practice status

    b. Track other practice characteristics and graduates demographics.

Note: Award recipients should consider adding the performance measures related to accredited positions, admissions, and enrollees by year of training, by age, gender, race, ethnicity, location of training, new curriculum development, and faculty development and intent to be employed in rural areas, to the plan for tracking characteristics of practice and graduates. Award recipients that initiate their programs during the period of performance may be requested to report on selected characteristics of enrollees and graduates. Refer to https://bhw.hrsa.gov/grants /reportonyourgrant for examples of performance data.

Additionally, applicants should include innovative approaches or any unique characteristics of the program that would enhance the quality of residency training and address the stated needs of the targeted rural area(s), such as:
- Emerging patient care or health care delivery strategies (e.g., patient centered medical homes, telehealth etc.)
- Integration of interprofessional education and practice
- Integration of oral health and/or mental health and substance use disorder treatment

▪ *WORK PLAN -- Corresponds to Section V's Review Criterion #2(b) "Response"*

Provide a clear and coherent work plan describing the process to achieve each of the program goals/objectives in **Attachment 1**. A sample work plan can be found here at https://bhw.hrsa.gov/sites/default/files/bhw/grants/workplantemplate.pdf.

The work plan must clearly describe:
1) Activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the "Methodology" section;
2) Timeframes, deliverables and identify key faculty, staff and partners responsible for executing on each activity during the RRPD award period of performance;
3) Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation;
4) 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; and
5) If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these fund are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

*Note: A complete staffing plan and job descriptions for key personnel must be submitted in **Attachment 2**. Letters of Agreement for key stakeholders involved in the work plan must be submitted in **Attachment 4** and/or **Attachment 7** (related to program sustainability).*

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

Rural residency programs face unique challenges and barriers not experienced by their urban counterparts. Common challenges often include lacking sufficient community-based specialty and subspecialty preceptors willing to sponsor residents for educational/clinical rotations, or ensuring residents will encounter a sufficient patient volume required for accreditation.

Discuss barriers and challenges likely to be encountered planning and developing a new rural residency program. Specifically, applicants must address the following:

1) Highlight any roadblocks you are likely to encounter in implementing activities described in the work plan and approaches that you will use to resolve these challenges.
2) Describe any additional challenges both internal and external to your organization, including key stakeholders (e.g., Sponsoring Institution, clinical training sites, etc.), that may directly or indirectly affect development of the program. Discuss how these challenges will be resolved.
3) Describe challenges and resolutions to incorporating interprofessional health care and innovative approaches and recruiting a diverse cohort of high quality residents.

Note: Applicants are encouraged to utilize the RRPD-TA center resources and webinars available at www.ruralgme.org to address barriers and challenges during the application phase.

The following section below corresponds to Section V's Review Criterion #3 "Impact" which includes two sub-sections – (a) Evaluation and Technical Support Capacity and (b) Program Sustainability.

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

Describe the plan for program performance evaluation that will meet ACGME accreditation requirements and promote continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Prior to the end of the period of performance, grant recipients must report on the following outputs. Please provide anticipated values for these outputs in your application:

- Number and type (i.e., model and specialty) of newly established rural residency programs
- Number of residents each rural residency program can support at the onset
- Number of residents each rural residency program will support once fully established (longer-term goal)
- Number and type of existing clinical training sites for residents
- Number and type of newly established clinical training sites for residents

- Number of faculty and staff trained to teach, support and administer the curriculum at each rural residency program site
- Number and type of existing partnerships (e.g., non-clinical training site) that support the rural residency program
- Number and type of newly established partnerships (e.g., non-clinical training site) that support the rural residency program

By the end of the period of performance, award recipients will be required to submit:
- Documentation of ACGME accreditation status and plans for future accreditation review and status maintenance;
- Detailed professional certification, training profile, and planned time dedicated to residency supervision and training of rural residency program or RTT leadership (Program Directors/Associate and Assistant Program Directors) and Key Clinical Faculty, in line with the current ACGME accreditation requirements for these positions.

*Note: A complete staffing plan and job descriptions for key personnel must be submitted in **Attachment 2**. Bio sketches of key personnel must also be submitted in **Attachment 3**.*

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

Applicants must propose a clearly defined, fact-based, validated sustainability plan to support the long-term financial sustainability for the new rural residency program beyond the RRPD period of performance. Health care sites sponsoring new rural residency programs through this grant program must additionally have a strong, long-term outlook in regard to their financial stability. The application must speak at least broadly to this institutional financial outlook.

The application must clearly describe a financial sustainability plan for supporting the costs of your rural residency program, including financial investments you have already made, any foreseeable challenges and barriers to your proposed sustainability plan, and how you will address these challenges and barriers. The financial sustainability plan must describe funding sources other than clinical revenue that are available or projected for the long term. For example, a critical access hospital or sole community hospital must obtain additional sustainability funding sources beyond solely clinical revenue to financially sustain a rural residency program.

There are several options that rural residency programs and RTTs currently employ for ongoing funding sources, including, but not limited to, qualifying under current regulatory authority for Medicare GME and/or other public or private support. To demonstrate the reasonableness and feasibility of your sustainability plan, you must submit all required documentation, as described in the options presented below.

Medicare GME Background

The Centers for Medicare and Medicaid Services (CMS) provides Medicare GME payments to qualifying hospitals to support the indirect (IME) and direct (DGME) costs of an approved medical residency program. Both IME and DGME payments are calculated based in part on the number of full time equivalent (FTE) residents a hospital trains. The Balanced Budget Act (BBA) of 1997 established a limit on the number of allopathic and osteopathic FTE residents for which each hospital can receive IME and DGME payment. This limitation, one for IME and one for DGME, is based on the number of such FTE residents the hospital trained in its most recent cost report ending on or before December 31, 1996. It is referred to as the "1996 Base Year Resident Cap."

The DGME payment is also based in part on a hospital-specific Per Resident Amount (PRA). Establishment of a hospital's PRA is triggered, in the context of a look-back period of 1996 to the present, when the hospital trains a resident or residents in an approved GME program for the first time, regardless of whether those residents are part of a new approved program or an existing approved program, regardless of whether or not the hospital is the sponsor of the approved program, and regardless of whether or not the hospital incurs costs for the resident(s).

Medicare does not allow costs borne by non-hospital entities (medical schools, clinics, and grants, local governments) to be shifted to a hospital that, in turn, would seek to receive reimbursement from Medicare for those costs originally not supported by Medicare. For example, if a medical school receives a grant, the medical school cannot pass the cost of resident training onto the hospital, with the hospital then claiming those costs on the Medicare cost report. However, Medicare does provide that if a grant goes directly to a hospital, it is considered hospital costs and there is no concern of replacing community support. Therefore, to ensure applicants are able to receive Medicare GME payments, any hospitals involved in residency training in your proposal must include documentation in **Attachment 7** demonstrating that the hospital(s) are eligible if proposing Medicare GME payments for a new residency training program as part of the applicant's sustainability plan. For more information about rural and new medical residency training programs, please refer to Section I.2 Program Definitions.

Additionally, for any sustainability plan that relies on Medicare GME payments and includes rural hospital partners, you must provide documentation in **Attachment 6** that the area in which the rural hospital is physically located is considered a rural hospital in accordance with CMS's definition of "rural" for the purposes of the IPPS wage index. To determine if a hospital is located in a county that is rural for CMS IPPS wage index purposes, review the "FY 2020 County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2020 IPPS Final Rule Homepage.[14]

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[14]For other facilities not seeking Medicare GME funding, more information about the definition of rural for the eligibility of this grant is available at https://www.hrsa.gov/rural-health/about-us/definition/index.html. To determine if a specific geographical area is rural according to FORHP's definition, visit Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health.

Note: Hospitals that have been reclassified as rural are rural for indirect medical education (IME), but not direct graduate medical education (DGME).

Option 1 – Establishing a Medicare FTE Resident Cap

This option is focused on supporting new residency programs associated with rural hospitals that have not yet triggered their PRA and do not yet have FTE resident caps set. To demonstrate that the PRA has not yet been triggered, rural hospitals must demonstrate that no prior residency training has taken place in their hospital**.**

If planning to establish a new Medicare resident FTE cap at your hospital, you must provide a letter from the hospital's Chief Executive Officer or other responsible leadership stating that: (a) the hospital has not hosted pre-planned and scheduled residency training in past cost reporting periods that have been settled, but are still within the 3-year reopening period, and (b) that the hospital does not have a previously set Medicare resident FTE caps. Applicants should be able to determine that no previous caps have been set and no prior residents have been trained through a careful examination of past cost reports since 1996. Applicants are also advised to contact CMS or their Medicare Administrative Contractor (MAC) to confirm their Medicare resident cap status. All documentation supporting this program sustainability option must be included in **Attachment 7**.

Note: The [Rural GME Analyzer](#) tool examines publicly available CMS cost reports for prior resident training and is publicly available online. Applicants may use this as a starting tool for evaluating Medicare GME eligibility; however, applicants are advised to confirm their Medicare resident cap status with their MAC.

Option 2: Rural Hospital "New" Residency Program

Rural hospitals may be eligible to receive an increase in their Medicare FTE resident cap if they start a new medical residency training program in a specialty that has not previously trained in the rural hospital. For example, a rural hospital with an accredited family medicine residency program may be eligible for an increase in their resident cap if they start training residents in a new psychiatry program. Cap increases are not provided when a rural hospital expands the number of FTE residents in an existing program or if an existing residency program is transferred to a new training site.

CMS defines a new medical residency program per 42 CFR 413.79(I) as "a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995." In evaluating whether a program is truly new, CMS will consider whether the program existed previously at another hospital and other supporting factors such as whether there are new program directors, new teaching staff, and whether there are new program year one residents training in the program without previous training experience in the residency program specialty. CMS's criteria for determining if a residency program is new are in the August 27, 2009 Federal Register, page 43908: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm.

If planning to establish a "new" residency program at a rural hospital, you must provide a letter from the CEO or other responsible leadership (through a careful evaluation of past cost reports) demonstrating that no prior training in the proposed specialty has occurred in the facility. Applicants are advised to contact CMS or their Medicare Administrative Contractor (MAC) to confirm their Medicare resident cap status. All documentation demonstrating eligibility for Medicare FTE resident cap increase must be included in **Attachment 7**.

Option 3: Medicare FTE Resident Cap Expansion for RTTs

There exists some flexibility for urban hospitals to expand their existing Medicare resident FTE caps through the creation of, and participation in, a separately accredited RTT, as specified in the 1999 Balanced Budget Refinement Act. Under this flexibility, urban hospitals may expand their Medicare FTE resident cap to accommodate additional residents designated to train in an RTT.[15] Urban hospitals with an existing or previous RTT programs in the proposed specialty will not qualify for expanded Medicare FTE resident caps when starting a new RTT in the same residency specialty.

If proposing a RTT under this option, you must provide documentation demonstrating that the urban hospital did not or does not have an RTT in the specialty proposed in the project narrative. Applicants are advised to contact CMS or their Medicare Administrative Contractor (MAC) to confirm their Medicare resident cap status. Additionally, applicants seeking to create a new RTT site and have rural hospital partners must include letters of agreement from the hospitals with whom they will partner in establishing their proposed RTT. Documentation demonstrating eligibility for Medicare FTE resident cap expansion for RTTs must be included in **Attachment 7**.

For more information on RTTs, please visit https://rttcollaborative.net/rural-programs.

Note: Rural hospitals are not eligible for this type of Medicare FTE resident cap expansion and are only able to establish or receive additional FTE resident cap slots if the residency is a brand new medical residency program in their hospital as described in Options 1 and 2, above.

Option 4: Other public or private funding

Rural residency programs may be supported by funds from sources other than Medicare. Examples include funding from the Department of Veterans Affairs, Indian Health Service, HRSA, Medicaid, state, or other public and private funding.

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[15] CMS Residents training in rural track programs are available at 42 CFR §413.79(k). Available at https://www.ecfr.gov/cgi-bin/text-idx?SID=4826c522f3bee964ab92979bca4fd15d&mc=true&node=se42.2.413_179&rgn=div8

If you propose a sustainability plan that relies on public funding sources other than Medicare, you must clearly describe in **Attachment 7** the funding mechanism:
- application process (competitive vs. noncompetitive)
- how your program qualifies for the funding
- the anticipated award date and the expected duration and availability of the funding.

If you propose a sustainability plan that includes private funding for ongoing support of your residency program, you must provide a letter of agreement from the funder, including
- the level of commitment to the sustainability of the program
- funding amount and duration of funding
- potential future funding support (if applicable).

Option 5: Combination of Options 1, 2, or 3 and 4 (Medicare GME and Other Public or Private Funding)

RRPD applicants are encouraged to seek multiple funding options to support their program sustainability. This option focuses on sustainability plans that rely on Medicare GME payments (Options 1, 2, or 3) and other public or private funding (Option 4). Applicants must submit complete documentation for all options proposed that demonstrates eligibility for both Medicare GME eligibility and other funding. Refer to the sustainability options above for more details on documentation required for each option.

Program Sustainability Options Recap

In addition to describing the program sustainability within the project narrative, attachments are required for each of the program sustainability options. Below is a recap of the required documents. Please see Section IV.2.v. Attachments for further details on all attachments required for submission.

Option Types	Eligible Entities	Program Sustainability Required Documents
Option 1: Establishing New Medicare FTE Resident Cap	Rural Hospital	**Attachment #6** – Provide proof of rural designation that meets both CMS definition of rural and FORHP definition of rural.
		Attachment #7 – Documentation that demonstrates Medicare GME eligibility for establishing a new Medicare FTE Resident cap and no prior residency training in the hospital, such as, documentation from the Rural GME Analyzer Tool, Letter/ Correspondence from MAC, Letter from CEO or other leadership demonstrating no prior training in the facility, or other documentation that clearly demonstrates eligibility.
Option 2: Rural Hospital "New"	Rural Hospital	**Attachment #6** – Provide proof of rural designation that meets both CMS definition of rural and FORHP definition of rural.

Residency Program		**Attachment #7** – Documentation that demonstrates Medicare GME eligibility for establishing a "new" residency program and no prior training in the proposed specialty, such as, documentation from the Rural GME Analyzer Tool, Letter/Correspondence from MAC, Letter from CEO or other leadership demonstrating no prior training in specialty, or other documentation that clearly demonstrates eligibility.
Option 3: Medicare FTE Resident Cap Expansion for RTTs	Rural hospital, community-based ambulatory patient care centers, public or private non-profit graduate medical education consortiums	**Attachment #6** – Provide proof of rural designation for the rural training partners that meets both CMS definition of rural and FORHP definition of rural.
		Attachment #7 – Documentation that demonstrates Medicare GME eligibility for establishing a new RTT residency program in the proposed specialty, such as, documentation from the Rural GME Analyzer Tool, Letter/ Correspondence from Medicare Administrative Contractor, Letter from CEO or other leadership demonstrating no prior RTT in specialty, or other documentation that clearly demonstrates eligibility.
Option 4: Other Public or Private Funding	All Eligible Entities	**Attachment #6** – Provide proof of rural designation that meets FORHP definition of rural.
		Attachment #7 - Documentation that demonstrates (a) eligibility for Public or Private funding, such as, Letters of Agreement from public or private (e.g., private funders, State agencies) funding sources indicating the amount awarded and duration; **and** (b) documentation from organization's leadership demonstrating that this is a new rural residency or RTT program.
Option 5: Combination of Options 1, 2, or 3 and 4	Please see applicable fields above.	Please see applicable fields above. If selected all required documentation as described above must be attached.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4 "Organizational Information, Resources and Capabilities"*

Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Include an organizational chart in **Attachment 5** (refer to Section IV.2.v. Attachments). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). Include biographical sketches for each person occupying the key positions, not to exceed 2 pages in length each in **Attachment 3**. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:
- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  o Institution and location
  o Degree (if applicable)
  o Date of degree (MM/YY)
  o Field of study

- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. Budget

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

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

Additionally, RRPD recipients may use funds for the following:

1) **Achieve accreditation**. Funding may be used to support planning and development costs of establishing new rural residency programs at eligible facilities that demonstrate specific needs for family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology. RRPD recipients supported by this funding opportunity must obtain ACGME accreditation prior to the end of the RRPD period of performance and will be required to submit the appropriate ACGME documentation confirming application submission before the start of the third year of the award.

   Planning and development costs might include curriculum development, building faculty and staff capacity through recruitment and training (e.g., travel costs and registration for meetings and trainings) and other costs directly associated with achieving program accreditation and sustainability (e.g., initial ACGME accreditation fee). Allowable expenses include salaries for staff members such as program directors and other faculty involved in resident training. Achieving program accreditation and other associated costs accrued, including travel to partnering sites of practice should be included.

   Note: The RRPD program may cover the cost of the ACGME initial accreditation fee. Subsequent fees, such as annual program and appeal fees, are not allowable.

2) **Resident Recruitment Costs**. Funding may be used to support costs associated with the recruitment of new residents. Applicants are encouraged to recruit and support a diverse cohort of high quality residents. As such, funds may be used to promote the rural residency program or RTT to medical students and/or to establish pipeline activities that encourage local youth to ultimately train in the applicant's program. Costs for resident recruitment may include advertising, travel reimbursement, or staff time dedicated to recruitment.

3) **Graduate tracking plan development.** Funding may be used to support costs associated with developing a structured plan to track residents at least 5 years after graduation on career outcomes (e.g., fellowship, specialty/sub-specialty, and hospitalist), location of employment and retention in rural communities.

4) **Annual RRPD Meeting travel costs.** Funding may be used to support travel costs for the RRPD Project Director and up to one key staff to attend a mandatory 2-day Annual RRPD meeting for each year within the period of performance. The RRPD Project Director at minimum is required to attend the Annual RRPD Meetings. The 2020 Annual RRPD meeting will take place September 17-18, 2020 in Rockville, MD.

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

Indirect costs under this program have a maximum rate of 10 percent, if a negotiated cost rate has not been established.

iv.   Budget Narrative

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

In addition to guidance provided in above Budget section, the RRPD program requires the Budget Narrative to be detailed and inclusive of program costs for the entire period of performance. Although awards are fully funded at the outset for use over the period of performance, applicants must also include within the budget justification a yearly breakdown of funds for each 12-month increment of activity (for each budget year of the project). The budget narrative should match the SF-424 budget form line items and provide details of the allocation of the RRPD award funds.

If your program proposal includes hiring new personnel, awarding contracts, or making sub-awards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. Additionally, failure to execute any sub-awards or contracts in a timely manner, as noted in the work plan, may lead to administrative action, up to cancellation of the award.

If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform, the total number of hours, travel costs (meal costs are unallowable), and the total estimated costs.

Note: Thoroughly cover your requested amounts, but be concise. The budget narrative is not intended to expand the project narrative. Additionally, ensure that each item in the "other" category is justified.

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

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel *(see Section 4.1. of HRSA's SF-424 Application Guide)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Note: Refer to Section IV.2.ii Organizational Information for biographical sketch requirements.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal (e.g., clinical site rotations or organizations). Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any Letters of Agreement are signed and dated.

*Note: Letters of Agreement related to the sustainability options in Section IV.2.ii Program Sustainability should be included in **Attachment 7**.*

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project, including sponsoring institution, consortium partners (if applicable) or other key partnerships.

Attachment 6: Rural Designation Eligibility
Provide proof of rural designation of the proposed target area(s) and hospital(s). Applicants may consult the Rural Health Grants Eligibility Analyzer as a starting point.

Note: For applicants seeking Medicare GME eligibility (refer to Section IV.2.ii Program Sustainability), hospitals must be rural according to CMS definition. For information about rural designation, please refer to "rural" in Section I.2 Program Definitions.

Attachment 7: Program Sustainability Documents
Applicants are required to provide documentation that supports their residency program sustainability plan during and after grant funding, such as, confirmation from Medicare Administrative Contractor (MAC) on Medicare resident FTE cap status, documentation from the Rural GME Analyzer, documentation confirming no prior (or existing) training in the proposed specialty at the facility, and Letters of Agreement for other public or private funding (if applicable). Refer to *Section IV.2.ii Program Sustainability*, for more information on program sustainability options.

*Note: Letters of Agreement for non-sustainability related partnerships (e.g. rotations, staff capacity) should be included in **Attachment 4**.*

Attachment 8: State Office of Rural Health Letter of Intent

Applicants are required to notify their State Office of Rural Health (SORH) early in the application process of their intent to apply. The SORH can often provide technical assistance. You should request an email or letter confirming that you have contacted your SORH. State Offices of Rural Health also may or may not, at their own discretion offer to write a letter of support for the project. Please include a copy of the letter or confirmation of contact. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH.

Attachment 9-15: Other Relevant Document (Optional)

Include any other documents that are relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in December 2020, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update page.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

*Currently, the Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 30, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The RRPD Program is 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 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $750,000 total (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

There are certain funding restrictions associated with this award, including, but not limited to, the following unallowable costs:
- Resident salaries and benefits
- Ongoing support for resident training (e.g., as a program sustainability plan)
- Acquiring or building real property
- Major construction or major renovation of any space. Note: Minor renovations or alterations are allowable.

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.
These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

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

Criterion	Points
1. Purpose and Need	15
2. Response	30
3. Impact	35
4. Organizational Information, Resources and Capabilities	10
5. Support Requested	10
Total	**100**

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's "Introduction" and "Needs Assessment"

The extent to which the application:
- Describes the purpose of the proposed rural residency program and how it will address the rural workforce needs and likeliness to improve the health of population served.
- Demonstrates a significant workforce need and shortage in the proposed specialty among a high need rural population, including the use of appropriate data sources in the analysis of the limited health resources and burden of diseases and/or conditions among rural residents within these communities (e.g. demographics, health outcomes, health disparities, barriers to access, etc.).
- Describes the rural health care delivery system and provides details on the organization and facility(s) needs to successfully establish the proposed rural residency program.
- Assesses the current graduate medical education landscape for the proposed target rural area(s), including existing or developing rural residencies programs, to determine the need for a new rural residency program. If there are existing rural residency programs, the application describes and demonstrate significant need for a new program
- Describes progress towards planning and developing a new rural residency program, including characteristics of existing residency program partners that align with the purposes of this project and need for strengthening partnerships with private sector or safety net providers for development of clinical training sites for residents, preceptor development and retention, and well-trained, culturally competent health care providers.

Criterion 2: "RESPONSE (30 points) – Corresponds to Section IV's sub-sections – (a) "Methodology", (b) "Work Plan", and (c) "Resolution of Challenges"

Criterion 2a: RESPONSE: METHODOLOGY (10 points) – Corresponds to Section IV's Methodology

The quality and extent to which the application describes activities likely to successfully achieve program goals and objectives and ACGME accreditation in establishing a new rural residency program. Specifically, the application:
- Demonstrates clinical capacity to meet ACGME accreditation requirements by the end of the RRPD grant program period of performance (i.e., July 31, 2023).
- Describes faculty recruitment and development, including recruiting faculty with specialty expertise to meet ACGME requirements for the proposed residency specialty.
- Describes organizational and program structure needed to meet ACGME requirements, including governance structure and the capacity of the organization to meet ACGME sponsoring institution requirements, hiring non-faculty staff, and acquiring access to electronic health records, library services, learning management systems, etc.
- Describes a residency program education and training curriculum that will prepare residents to provide high quality care in rural communities, including interprofessional education/training and culturally-linguistically appropriate care.

- Describes a strategic recruitment plan to recruit a diverse cohort of high quality residents (to begin training no later than AY 2024) that demonstrate a commitment and willingness to develop competencies to practice in rural communities.
- Describes a feasible graduate tracking plan that will track and publicly report residents' practice locations and retention in rural communities post-graduation for the new rural residency program.

Additionally, reviewers will assess the degree in which the application:
- Proposes a residency education program that will lead to successful board certification and readiness for clinical practice upon completion of training.
- Proposes innovative approaches and/or emerging patient care or health care delivery strategies that will provide high-quality residency training.
- Proposes to integrate interprofessional education and practice into the rural residency program.
- Addresses the rural population health needs, particularly among the health care safety net of the community it is serving.

Criterion 2b: RESPONSE: WORK PLAN (10 points) – Corresponds to Section IV's Work Plan

The extent to which the proposed work plan will support the successful accreditation and establishment of a new rural residency training program that will start training residents no later than the academic year immediately following the final year of the RRPD period of performance (i.e., AY 2024). Reviewers will consider the extent to which the application:
- Provides a detailed work plan that is logical and has objectives and goals that fulfill the purpose of the grant program and addresses identified needs to establish a new rural residency program.
- Clearly identifies key faculty and/or staff member responsible for each activity in the work plan, which should correspond with the staffing plan in **Attachment 2.**
- Clearly identifies activities requiring collaboration with relevant partners (including sub-award recipients), which should correlate with letters of agreements and/or memorandum of understanding provided in **Attachment 4** and/or **Attachment 7** (related to program sustainability).
- Provides a complete work plan that represents the entire period of performance that includes goal(s), objective(s), and activities as they correlate with personnel responsible and feasible timelines for completion in **Attachment 1.**

Criterion 2c: RESPONSE: RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Resolution of Challenges

The extent to which the application demonstrates an understanding of the challenges and obstacles of establishing a new rural residency program (e.g., incorporating innovative approaches, interprofessional health care, recruiting residents, etc.) and proposes reasonable strategies to address these challenges. The extent to which the applicant discuss any additional challenges both internal and external to your organization that may directly or indirectly affect the development of the program and provide a plan on how these will be resolved.

Criterion 3: "IMPACT (35 points) – Corresponds to Section IV's sub-sections – (a) "Evaluation and Technical Support Capacity" and (b) "Program Sustainability"

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

The quality and extent to which the application:
- Demonstrates the strength and effectiveness to report on the measurable outcomes requested to achieve program goals and objectives, which includes both HRSA's required performance measures and the applicant's own internal performance evaluation process dedicated to achieving ACGME accreditation, as outlined in the corresponding Section IV.2.ii. Project Narrative *Evaluation and Technical Support Capacity* section.
- Includes an evaluation plan that will contribute to continuous quality improvement, including rapid-cycle quality improvement strategies.
- Demonstrate adequate technical support capacity to conduct performance management and evaluation.
- Provide solutions for overcoming potential obstacles for implementing program performance evaluation.
- Report on the specific measures:
  - Number and type (i.e., model and specialty) of newly established rural residency programs
  - Number of residents each rural residency program can support at the onset
  - Number of residents each rural residency program will support once fully established (longer-term goal)
  - Number and type of existing clinical training sites for residents
  - Number and type of newly established clinical training sites for residents
  - Number of faculty and staff trained to teach, support and administer the curriculum at each rural residency program site
  - Number and type of existing partnerships (e.g., non-clinical site rotation) that support the rural residency program
  - Number and type of newly established partnerships (e.g., non-clinical site rotation) that support the rural residency program

Criterion 3b: IMPACT: PROGRAM SUSTAINABILITY (25 points) – Corresponds to Section IV's Program Sustainability

The extent to which the application describes a clearly defined, fact-based, reasonable, and validated sustainability plan for the proposed rural residency program to support the residency after the period of federal funding ends. Applications that lack sustainability plans meeting all of the requirements for the chosen sustainability option(s) will receive zero points for this section. Supporting documentation is required in **Attachments 6** and **7**. The reviewers will assess the quality and extent to which the application:
- Describes a plan for supporting the financial and programmatic sustainability of the new rural residency program. This must include funding sources other than clinical revenue and one (or a combination) of the funding options presented in Section IV.2.ii. Project Narrative.

- Identifies challenges and barriers to the proposed sustainability plan and resolutions to address these issues Describes financial investments already made for the new rural residency program.
- Demonstrates a stable future financial outlook for the institutional and training sponsors.
- Provides strong supporting documentation for the proposed sustainability plan in **Attachments 6** and **7**.

Specifically,
- For **Options 1 and 2**, reviewers will consider the quality and extent to which the application describes a strategy to qualify for Medicare GME (i.e., DGME and IME payments) and the viability of the proposed strategy, including all supporting documentation demonstrating eligibility for Medicare GME (i.e., CMS rural status, letter from hospital's leadership, Medicare Administrative Contractor, and/or Rural GME Analyzer Tool). Additionally, reviewers will consider the adequacy of the letter from the hospital's Chief Executive Officer or other responsible leadership that confirms:
  - (a) the hospital has not hosted pre-planned and scheduled residency training in past cost reporting periods that have been settled, but are still within the 3-year reopening period, and
  - (b) the hospital does not have a Medicare FTE resident cap set.
- For **Option 3**, reviewers will consider the quality and extent to which the application describes a strategy for how the non-rural partners hospital will be able to expand their existing Medicare FTE resident caps to account for the creation of a newly, separately ACGME accredited RTT in the proposed specialty. Reviewers will also consider supporting documentation (i.e., CMS rural status, Medicare Administrative Contractor, and/or Rural GME Analyzer Tool), the strength of letters of agreement from urban or rural hospitals with whom they will partner in establishing their proposed RTT and consider the adequacy of the letter from the hospital's Chief Executive Officer or other responsible leadership that confirms that the proposed RTT program is new for purposes of qualifying for Medicare FTE resident caps expansion.
- For **Option 4**, reviewers will consider the quality and extent to which the application demonstrates, through letters of agreement, that the proposed program will be permanently supported from sources other than Medicare (e.g., Medicaid, state, or other public or private funding). Reviewers will consider the degree to which the applicant explains the funding mechanism(s) and how the proposed program qualifies for the funding. Reviewers will also consider whether the proposed funding source would sufficiently sustain a rural residency program or RTT for the long term. For example, historically it is highly improbable that a critical access hospital or sole community hospital can financially sustain a residency program on revenue alone, therefore such a situation would require additional sustainability funding sources to be identified other than revenue.
- For **Option 5**, reviewers will consider the quality and extent to which the application selecting a combination of Options 1, 2, or 3 and 4 above demonstrates meeting the criteria of each applicable option as described above.

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

The quality and extent to which the application demonstrates the organization and facility(s) ability to achieve the program goals and objectives for the proposed rural residency program. Specifically, the application:

- Describes the organization's current mission, structure and scope of current activities for the applicant organization and other key partnerships.
- Describes how the program organizational structure and resources will contribute to meet and achieve program objectives and accreditation, including an organizational chart of the proposed project in **Attachment 5.**
- Demonstrates the aptitude and expertise required of faculty and staff needed to implement the proposed work plan, including biographical sketches of key personnel (i.e., project director/PI, residency program director, coordinator and other key personnel) in **Attachment 3.**
- Provides a staffing plan in **Attachment 2** including short paragraphs on each key faculty or staff member identified in the work plan, with a brief description of staffs' relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program, and the extent to which the staffing plan is sufficient to achieve the goals of the project.

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

The extent to which the application proposes:

- A reasonable budget for each year of the period of performance in relation to the objectives, complexity of the activities, and anticipated results.
- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Adequate time and level of effort of key personnel, notably the project director, devoted to the project to achieve program goals and objectives.
- A reasonable budget justification that clearly describes and outlines anticipated program costs, including planning and development costs, resident recruitment costs, graduate resident tracking, consultant services, sub-recipients and data collection.

Note: Refer to the corresponding Section IV.2.iii. Budget, Section IV.2.iv. Budget Narrative, and Section IV.6. Funding Restrictions sections for more guidance on budget requirements and funding restrictions.

2. Review and Selection Process

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

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

HRSA will not make an award under this funding opportunity to the recipient of the RRPD-TA (HRSA-18-117) cooperative agreement and FY19 RRPD grant recipients (HRSA-19-088).

Target Areas

Only one recipient will be funded for a target area. A target area is the specific rural geographic location(s) to be served by the proposed rural residency program. If multiple applications are received for the same target area, then only the highest ranked application in the target area will receive consideration for award within available funding ranges.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards

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

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:
1) **Quarterly Progress Reports**. The recipient must submit a progress report to HRSA on a quarterly basis. HRSA will verify that the approved and funded applicants' proposed objectives are accomplished during each quarter of the project. The fourth quarterly report will include an annual progress update that requires the recipient to provide a comprehensive overview of their overall progress in meeting the project goals, as well as plans for grant activities in the upcoming budget year(s).

2) **Annual Performance Report.** The recipient must submit a performance report to HRSA on an annual basis. The performance report will address grant activities and outcomes during each year of the period of performance. The performance measures for this program will include those outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

3) **Final Report**. A final report is due within 90 calendar days after the period of performance ends. This report is designed to provide HRSA with information required to close out a grant after completion of project activities. The final report will collect information related to program-specific goals and progress; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered and resolutions; and responses to summary questions regarding the recipient's overall experiences during the entire period of performance (e.g., publications, resident NPIs, changes to objectives, etc.). The final report must be submitted online by recipients in the HRSA EHBs system.

4) **ACGME Application.** The recipient must submit an application in the ACGME Accreditation Data System (ADS) to initiate the ACGME accreditation process. The recipient must submit to HRSA the appropriate ACGME documentation confirming application completion and submission before the start of year 3 of the period of performance (i.e., before September 1, 2022).

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

VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: ngaines@hrsa.gov

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

Sheena Johnson, MPH
Health Insurance Specialist, Federal Office of Rural Health Policy
Attention: Rural Residency Planning and Development Program
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10W65D
Rockville, MD 20857
Telephone: (301) 945-9639
Email: ruralresidency@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 Electronic Handbooks (EHBs). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

For residency program development and GME-specific questions, please contact the Rural Residency Planning and Development Technical Assistance Center (RRPD-TAC) at info@ruralgme.org.

HRSA has scheduled the following technical assistance webinar to help you understand, prepare, and submit an application for this NOFO. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

Webinar

Day and Date: Friday, May 15, 2020
Time: 2 – 3 p.m. ET
Call-In Number: 1-800-857-5025
Participant Code: 3414395
Weblink: https://hrsa.connectsolutions.com/rrpd_ta_2020/
Playback Number: 1-866-360-3307
Passcode: 51520

<u>Tips for Writing a Strong Application</u>

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

Appendix: Resources

Several sources offer data and information that will help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are encouraged to visit the following websites:

Accreditation Council for Graduate Medical Education
https://www.acgme.org/#

Health Resources and Services Administration Resources

- Bureau of Health Workforce
  https://bhw.hrsa.gov/

- Federal Office of Rural Health Policy
  https://www.hrsa.gov/rural-health/index.html

- National Health Service Corps (NHSC)
  https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

- Teaching Health Center Graduate Medical Education (THCGME) Program
  https://bhw.hrsa.gov/grants/medicine/thcgme

- Council on Graduate Medical Education
  https://www.hrsa.gov/advisory-committees/graduate-medical-edu/index.html

- HRSA Data Warehouse
  https://datawarehouse.hrsa.gov/

Rural Training Track (RTT) Collaborative
https://rttcollaborative.net/

Rural Residency Planning and Development Technical Assistance (RRPD-TA)
https://www.ruralgme.org/

Rural Health Research Gateway
http://www.ruralhealthresearch.org/

Rural Health Information Hub (RHI Hub)
https://www.ruralhealthinfo.org

National Area Health Education Center (AHEC) Organization
http://www.nationalahec.org/

National Organization for State Offices of Rural Health (NOSORH)
https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/