

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Medicine and Dentistry

Teaching Health Center Planning and Development --Technical Assistance

Funding Opportunity Number: HRSA-22-108

Funding Opportunity Types: New

Assistance Listings (CFDA) Number: 93.530

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: August 30, 2021

*SAM.gov and Grants.gov administrative flexibilities have been implemented.
Please see [Section IV.3](#) for more information.*

Issuance Date: July 14, 2021

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Authority: Section 749A of the Public Health Service (PHS) Act, [42 U.S.C.293/-1] and Section 2604 of the American Rescue Plan Act of 2021 (P.L.117-2).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Teaching Health Center Planning and Development (THCPD) Technical Assistance (TA) (THCPD-TA) funding opportunity. The purpose of this cooperative agreement is to provide TA to HRSA's THCPD Program award recipients to support the creation of new accredited community-based primary care residency programs. Residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, or geriatrics will help to support the expansion of the physician and dental workforce in underserved communities. For the purposes of this notice of funding opportunity (NOFO), community-based residencies are programs that primarily train residents in ambulatory outpatient care settings and focus on producing physicians and dentists who will practice in underserved communities.

This cooperative agreement and the THCPD Program are complementary and seek to expand the number of community-based residency training programs and subsequently increase the number of physicians and dentists choosing to practice in underserved areas. Although the priority for TA will be THCPD Program award recipients, limited TA resources may be publicly available for other entities interested in developing new community-based residency programs.

Funding Opportunity Title:	Teaching Health Center Planning and Development Technical Assistance Program
Funding Opportunity Number:	HRSA-22-108
Due Date for Applications:	August 30, 2021
Total Available Funding:	\$5,000,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Award Amount:	FY 2022: \$3,000,000 FY 2023: \$1,000,000 FY 2024: \$1,000,000
Cost Sharing/Match Required:	No
Period of Performance	December 1, 2021 through November 30, 2024 (3 years)

Eligible Applicants:	<p>Eligible entities are domestic public or private nonprofit organizations, including tribes and tribal organizations, faith-based and community-based organizations, institutions of higher education, state and local governments, and hospitals that are capable of providing technical assistance, including area health education programs.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the HRSA Teaching Health Center Planning and Development Technical Assistance (THCPD-TA) Program.

Program Purpose

The purpose of this cooperative agreement is to provide technical assistance (TA) to HRSA's THCPD Program award recipients, as funded through HRSA-22-107. The THCPD Program supports the development of new community-based programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics to address the physician and dental workforce shortages and challenges faced by underserved communities.

Teaching Health Center residency programs are accredited medical and dental residency training programs that primarily train residents in community-based training sites and focus on producing physicians and dentists who will practice in medically underserved communities. For example, one model is the 1+2 Rural Training Track (RTT), where the first year of training occurs within a larger community-based facility such as a Federally Qualified Health Center (FQHC), and the final two years occur in a rural health community-based setting.

THCPD Program award recipients may use their funding to support the costs of establishing a community-based residency program, including costs associated with curriculum development; the recruitment, training and retention of residents and faculty; accreditation by the Accreditation Council for Graduate Medical Education (ACGME) or American Dental Association's Commission on Dental Accreditation (CODA); and faculty salaries during the development phase.

Program Goals

The THCPD-TA award recipient will provide TA, tools, and resources to current and future THCPD Program award recipients to help overcome significant challenges and barriers involved in developing new community-based residency programs.

Program Objectives

- Promote the process of the community-based residencies-to-community-based workforce pipeline by supporting the development of new community-based residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics. TA provided may include assistance in curriculum development, faculty recruitment and development, clinical and community partnerships, and program administration;
- Support THCPD Program award recipients' efforts to establish and maintain new community-based residency programs to achieve program accreditation by the ACGME or CODA;

- Assist with identifying, qualifying for, and securing (as applicable) sustainable pathways of funding community-based residencies such as the Department of Veterans Affairs (VA), state, or private funding;
- Identify, track, analyze, and translate key policy, regulatory, and programmatic issues to inform THCPD Program award recipients and other community-based stakeholders about changes, knowledge gaps, or other challenges impacting community-based residency programs and graduate medical education (GME) funding;
- Analyze overall impact of the THCPD-TA and THCPD Program activities and funding on rural and underserved communities (e.g., rural and underserved physician and dental workforce) in consultation with HRSA;
- Promote community-based residency training to medical and dental students; and;
- Develop a community of practice for award recipients to connect with and learn from existing Teaching Health Centers.
- Provide limited TA resources to other entities interested in developing new community-based residency programs.

2. Background

This program is authorized by Section 749A of the Public Health Service (PHS) Act, [42 U.S.C.293/-1] and funded by Section 2604 of the American Rescue Plan Act of 2021 (P.L.117-2).

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 38,320 full-time equivalents (FTEs) between 2013 and 2025. Estimates project that there will be a shortage of 23,640 primary care physician FTEs by 2025.¹ The NCHWA also notes that the demand for dentists is projected to grow by 20,400 FTEs – from 197,800 in 2012 to 218,200 in 2025 - a 10 percent increase in need. Moreover, all 50 states and the District of Columbia are projected to experience a shortage of dentists.² In addition to overall shortages, there is maldistribution of primary care providers, with rural and other underserved communities experiencing the greatest shortages.

The Medicare Payment Advisory Commission (MedPAC) and other stakeholders have called for increasing the amount of GME time spent in nonhospital settings, making changes to GME funding to advance goals such as increasing community-based care, and increasing the diversity of the pipeline of health professionals.³ However, community-based ambulatory residency programs often face unique challenges and barriers not experienced by their traditional hospital-based counterparts. Common

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. “National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025”. November 2016. Available at: <https://bhwh.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf>.

² U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. “National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025”. February 2015. Available at: <https://bhwh.hrsa.gov/sites/default/files/bhw/nchwa/projections/nationalstatelevelprojectionsdentists.pdf>.

³ Report to the Congress: Aligning Incentives in Medicare (June 2010). Medicare Payment Advisory Commission. (Available at <http://www.medpac.gov>).

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. Section 749A of the PHS Act addresses these needs by authorizing development grants to cover the cost of establishing accredited residency programs in community-based settings. The THCPD program provides funding to support curriculum development, recruitment, training and retention of residents and faculty, accreditation, faculty salaries during the development phase of the eligible residency programs. To achieve accreditation and establishing a new residency program can be a complex, labor intensive process requiring expertise in accreditation, financing and faculty recruitment and development.

Supporting the development of new community-based ambulatory residency programs will have a direct impact on increasing healthcare providers in rural and underserved areas. It is part of the Administration's commitment to addressing longstanding health inequities and expanding the pipeline of health care providers serving rural and underserved communities.

Findings from HRSA's Teaching Health Center Graduate Medical Education (THCGME) program (authorized by Section 340H of the PHS Act), which provides payments to support primary care medical and dental residency training in community-based ambulatory outpatient care settings, demonstrate the increased likelihood that residents who train in health center settings are more likely to practice in underserved settings after graduation.

To ensure that THCPD grant recipients successfully obtain program accreditation and are prepared to begin training residents in community-based ambulatory patient care settings in the first academic year immediately following the end of the THCPD period of performance, the THCPD-TA Center will provide recipients with targeted technical assistance and resources to accomplish these goals.

While the THCPD program provides funds to establish new primary care residency programs in community-based ambulatory patient care settings, THCGME payment program funds are made available through a separate authorization and appropriation, as noted above.

All THCPD Program award recipients are required to collaborate with the THCPD-TA award recipient throughout the duration of their grant and attend any required virtual or in-person THCPD meetings.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the THCPD-TA Program for Fiscal Year 2022:

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 community-based program such as a FQHC, and the final two years occur in a rural health community-based setting.

Teaching Health Center (THC) – A community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act (section 749A(f)(3) of the PHS Act [42 U.S.C. 293I-1]).

II. Award Information

1. Type of Application and Award

Types of applications sought: New

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

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include:**

- Providing consultation and guidance in planning, development, operation, and evaluation of activities, including identifying key policy issues, projects, priorities and other topics for TA;
- Collaborating and providing assistance in identifying opportunities and key organizations to disseminate or share information on emerging policy issues affecting community-based residency programs;
- Reviewing and providing feedback and recommendations on TA products, including but not limited to presentations, program documents (e.g., program plans, work plans, budget, contracts, key personnel, etc.), and manuscripts, prior to printing, dissemination or implementation;
- Utilizing HRSA communications resources as needed to support the cooperative agreement; and
- Participating, as appropriate, in the planning and implementation of any meetings, webinars or work groups conducted by the award recipient during the period of performance.

The cooperative agreement recipient's responsibilities will include:

- Collaborating with the project officer for ongoing review of the recipient's management of activities, procedures, and budget items.
- Engaging in any necessary preparatory activities to continue operations of the THCPD-TA center, including but not limited to, website and portal management, TA products and tools, and convening meetings with any key stakeholders and consortium members;
- Providing direct TA to THCPD Program award recipients. Limited resources may be publicly available for other entities interested in developing new community-

based residency programs. TA provided will include assistance in achieving ACGME and CODA accreditation, faculty development, resident recruitment, examining and explaining sustainable pathways of funding (i.e., Department of Veterans Affairs, state, or private funding), and sharing successful strategies of other community-based residency programs;

- Responding to THCPD Program award recipient requests, comments, and questions on a timely basis;
- Responding to the project officer's comments, questions, and requests in a timely manner in order to collaborate on short-term, long-term, and ongoing activities within the approved work plan. A response to rapid-response requests may require a shorter turnaround, to be determined by the project officer on a case-by-case basis;
- Consulting with the project officer when scheduling any meetings that pertain to the scope of work and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Providing the project officer with the opportunity to review and discuss any product (i.e., publications, audiovisuals, other materials, etc.) produced under the auspices of this cooperative agreement, including consultation with the project officer at the time of concept development of materials and including review of drafts and final products;
- Ensuring all products and materials developed or produced, in response to this cooperative agreement partially or in full, are fully accessible and available free to the public. The project officer will receive an electronic copy of, or electronic access to, each product/material developed to review before dissemination;
- Ensuring manuscripts with or without BHW personnel listed as co-author will also include the acknowledgement and disclaimer information required on all products supported by HRSA award funds;
- Identifying, tracking, analyzing, and translating key policy, regulatory and programmatic issues affecting community-based residency programs and the creation of community-based residencies in general to assist THCPD program award recipients;
- Collaborating with HRSA, other HHS agencies, and other external stakeholders to support TA strategies and address issues impacting community-based residency programs, sustainable GME financing, rural health workforce, and recruitment and retention;
- Evaluating and measuring impact of TA activities and the THCPD program in consultation with HRSA;
- Assessing THCPD Program award recipients' readiness to establish new community-based residency programs and achieve program goals and objectives; and
- Promoting community-based residencies to medical students and working with THCPD Program award recipients to develop strategies to recruit medical school and dental school graduates to community-based residency programs.

2. Summary of Funding

HRSA estimates approximately \$5,000,000 to be available to fund one recipient for the entire 3-year period of performance. You may apply for a ceiling amount of up to \$3,000,000 total cost (includes both direct and indirect, facilities and administrative costs) in Year 1; \$1,000,000 total cost in Year 2 and Year 3 (includes both direct and indirect, facilities and administrative costs). The period of performance is December 1, 2021 through November 30, 2024 (3 years).

Project Year	Estimated Annual Budget (\$)
1	\$3,000,000
2	\$1,000,000
3	\$1,000,000

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are domestic public or private, non-profit entities, including faith-based and community-based organizations, tribes and tribal organizations, institutions of higher education, state and local governments, and hospitals that are capable of providing technical assistance, including area health education programs.

Entities must have the capability to be national in scope (i.e., much broader than a local, multi-state, or regional focus). HRSA strongly encourages the applicant organization to have partnerships and/or establish and sustain a consortium to fulfill the full range of activities outlined in this notice. Partner examples include, but are not limited to training sites and/or other entities affiliated with community-based residencies, including family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics department chairs and medical and dental school deans; State Offices of Rural Health; Area Health Education Centers; Medical, Dental, and Professional Associations involved in residency training such as ACGME and CODA; Teaching Health Center Graduate Medical Education (THCGME) award recipients; national health center associations; and national rural associations.

Recipients of the THCPD Program (HRSA-22-107) are not eligible to receive funding under this notice. Similarly, the THCPD-TA award recipient will not be eligible for funding under the THCPD Program.

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 non-responsive and will not consider it for funding under this notice.

Page Limit

HRSA will consider any application that exceeds the page limit referenced in [Section. IV](#) non-responsive and will not consider it for funding under this notice.

Deadline

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

Multiple Applications

NOTE: Multiple applications from an organization are not allowable. An organization is defined by having a valid Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI).

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

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget 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 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars ([45 CFR § 75.111\(a\)](#)).

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

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the [SF-424 R&R Application Guide](#) and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical Sketches **do** count towards the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-108, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 65 pages will not be read, evaluated, or considered for funding**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 7: Other Relevant Documents**.

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

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#). In addition to the [SF-424 R&R Application Guide](#) requirements, the project abstract must include the following information below.

Abstract Heading Content

- Organization Address
- Project Director Name
- Project Director Contact Information (i.e., email address, phone number, fax)
- Organization website (if applicable)
- Consortium partners (if applicable)

Abstract Body Content

- Brief overview of the project including description of organizational capabilities of applicant organization, partnerships or consortium members (if applicable);
- Goals and specific measurable objectives and expected outcomes of the proposed project; and
- How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project) and 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:

- **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion #1 Purpose and Need](#)

Briefly describe the purpose of the proposed project and clearly identify specific goals, objectives, and expected outcomes. Summarize how the proposed project will meet the unmet needs of THCPD Program award recipients and support the creation of new community-based residency programs. Eligible specialties for Teaching Health Center residency programs include family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics.

The needs assessment should help reviewers understand the issues impacting the development and sustainability of community-based residency programs. You must use and cite data (e.g., local, state, federal) whenever possible to support the information provided.

Specifically, this section must include the following information:

- Use current (within 3 years) information and data to describe the primary care, physician, and dental shortages in medically underserved areas and the drivers behind these shortages;
 - Describe the health care delivery systems that host community-based residency programs (e.g., urban-rural clinical partnerships, rural health care sites/delivery, diverse health care payer systems) and their need for technical assistance to support the development and sustainability of new community-based residency programs, specifically in the areas of family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics;
 - Outline the needs of community-based healthcare entities and academic partners for technical assistance related to strengthening partnerships/networks and ability to recruit, train, and retain diverse and high-quality physicians; and
 - A detailed discussion on the need for technical assistance related to the intricacies of achieving and maintaining community-based accreditation (medical and dental), residency program funding and the implications that funding limitations have on the viability of community-based residencies as it pertains to graduate medical education and dental residency support throughout the U.S.
- **RESPONSE TO PROGRAM PURPOSE** -- This section includes three sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).
 - **(a) METHODOLOGY/APPROACH** -- Corresponds to [Section V's Review Criterion #2\(a\) Methodology/Approach](#)

Provide an overall strategic vision and propose methods that you will use to provide TA to THCPD Program award recipients and meet the program goals and objectives described in this NOFO. The applicant organization must:

- Discuss the proposed approaches for providing TA on a national scale to meet the identified needs of THCPD award recipients for family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics;
- Outline the types of TA resources that will be provided to THCPD Program award recipients. This may include, but not limited to:
 - Assessing THCPD Program award recipient's readiness to establish a new community-based residency program;
 - Identifying and informing THCPD Program award recipients of other federal (e.g., HHS, HRSA grants and TA) and non-federal resources and funding (e.g., state funding) that may be applicable (e.g., telehealth and the National Health Service Corps program);
 - Synthesizing resources and developing training/tools to educate and promote best practices to THCPD Program award recipients and other key stakeholders through outreach, information sharing and dissemination of tools and resources;
 - Ensuring TA supports THCPD Program award recipients across all stages of development from planning to implementation and maintenance; and
 - Promoting networking and collaboration among THCPD Program award recipients.
- Describe the plan to identify, track, analyze, and translate key policy and programmatic issues affecting the development of community-based residency programs, such as regulatory challenges that impact financial sustainability and issues with recruiting, training, and retaining diverse and high-quality physicians and dentists to rural and underserved communities;
- Describe approach to help THCPD Program award recipients understand community based GME and dental residency funding mechanisms and/or other sustainable options (i.e., Department of Veterans Affairs, state, or private funding) and provide successful strategies to secure funding;
- Describe detailed plan to facilitate a 2-day annual meeting for each year of the cooperative agreement for THCPD Program award recipients and key stakeholders to foster collaborative networks and inform program participants and policymakers;
- Describe plan to develop a community of practice for award recipients to connect with and learn from existing Teaching Health Centers;
- Describe plan to engage with medical and dental educators, health care providers, health researchers, policy makers, and medical and dental students and potential residents interested in rural and underserved practice; and
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application; and to the extent which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served. *Note: Letters of agreements and/or memorandum of understanding must be provided in **Attachment 3** for all identified partners, including consortium members. If applicable, a complete list of consortium members must be submitted in **Attachment 5**.*

- (b) **WORK PLAN** -- Corresponds to [Section V's Review Criterion #2\(b\) Work Plan](#)

Provide a detailed work plan in **Attachment 1** that describes the activities or steps you will use to achieve program objectives and implementing a project of national scope. The application organization must:

- Describe activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the "Methodology" section;
- Describe timeframes, deliverables and identify faculty/staff and key partners required to execute each activity during the three-year period of performance to address each of the needs described in the Needs Assessment section, including a 2-day annual meeting during each year of the cooperative agreement; and
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the cooperative agreement.

Note: Identified key faculty/staff in the work plan should correspond with the staffing plan in Attachment 2. Key partners should correspond with Attachment 3 (Letters of Agreement) and Attachment 5 (Consortium Member List), if applicable.

You can find a sample work plan on the following website:

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>

Logic Model

Submit a logic model for designing and managing the project along with the work plan in **Attachment 1**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals and/or communities to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide and provides "how to" steps with a time line used during program implementation. You can find additional information on developing logic models at the following website: <https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template>.

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

Discuss challenges that you are likely to encounter in designing and implementing activities described in the work plan, and approaches that you will use to resolve such challenges. Clearly specify how the proposed methods in the "Methodology" section will overcome challenges and barriers identified. The application organization must:

- Describe potential challenges and barriers expected as it relates to providing TA to community-based residency programs, as well as approaches to resolve those challenges. This description should include the unique challenges in developing new community-based residency programs as compared to traditional hospital-based programs and reasonable strategies to address these challenges (e.g., lack of sufficient subspecialty preceptors, low patient volume, and GME and dental residency funding sustainability issues); and
 - Discuss any anticipated internal challenges (e.g., managing cohesiveness and expectations among partner organizations, engagement with new partners to support community-based programs throughout the period of performance, etc.) and external challenges (e.g., geographical limitations, regulatory changes) that may directly or indirectly affect successful execution of the cooperative agreement and provide details and strategies for how these will be resolved.
- *IMPACT* -- This section includes two sub-sections— (a) *Evaluation and Technical Support Capacity*; and (b) *Project Impact*—both of which correspond to Section V's Review Criteria #3 (a) and (b).
 - (a) *EVALUATION AND TECHNICAL SUPPORT CAPACITY* -- Corresponds to [Section V's Review Criterion #3 Evaluation](#)

This section describes your proposed plan to monitor ongoing processes and progress towards meeting project goals, objectives, and expected outcomes. You must:

- Describe the performance evaluation strategy that will contribute to continuous quality improvement. Propose clearly defined, viable metrics, including descriptions of the inputs (e.g., key personnel, partners, and other resources), key processes, and meaningful project outcomes that you will use to measure your effectiveness as a TA center of this scope;
- Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the project objectives are met, and 2) the extent to which these can be attributed to the project;
- Describe the systems and processes that will support your organization's data collection strategy to collect, manage, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery; and
- Describe the evaluation plan to measure the impact of the THCPD Program on addressing physician workforce shortages and access to care in rural and underserved communities. Some examples include compiling data

reported by the THCPD Program award recipients on accredited programs; specialty type; residency positions; location of training; percentage of training in medically underserved communities, health professions shortage areas, and primary care and rural settings; and characteristics of practice and graduates.

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

- Describes the organization's systems and processes that will support its data collection strategy to collect, manage, analyze, and track data to effectively measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery; and
 - Describes an evaluation plan that will effectively measure the impact of the THCPD Program on addressing physician and dental workforce shortages and access to care in rural and underserved communities, such as compiling data reported by the THCPD Program award recipients on accredited programs, specialty type, residency positions, location of training, percentage of training in medically underserved communities, health professions shortage areas, and primary care and rural settings; and characteristics of practice and graduates.
- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to [Section V's Review Criterion #4 Organizational Information, Resources and Capabilities](#)*

In this section, you must demonstrate your capacity to provide technical assistance at a national level and that you have the necessary staffing and infrastructure to oversee program activities and serve as the fiscal agent.

Specifically, you must:

- Describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project and provide TA to organizations developing new community-based residency programs;
- Describe your organization's current mission, structure, and scope of current activities, other partnerships, and how these elements all contribute to the organization's ability to implement program requirements and meet program expectations. Include an organizational chart in **Attachment 4**;
- Provide clear evidence of extensive experience (regardless of funding source) supporting organizations developing community-based residency programs including:
 - Expertise in graduate medical education and dental residency program financing (i.e., Medicare, Medicaid, other public and private funding sources);
 - Specific knowledge and experience assisting organizations in developing and establishing new ACGME- or CODA-accredited community-based residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics;
 - Supporting research and dissemination of best practices to medical educators on community-based health models of care, including any

- emerging patient care or health care delivery strategies that will support high quality residency training; and
 - Recruitment and retention of residency faculty/staff and residents.
- Provide evidence to demonstrate the commitment and ability to form collaborative long-term relationships with key community-based constituencies, healthcare delivery sites, and academic partnerships. Some partner examples include, but are not limited to training sites and/or other entities affiliated with community-based residencies, including family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics department chairs and medical and dental school deans; State Offices of Rural Health; Area Health Education Centers; Medical, Dental, and Professional Associations involved in residency training such as ACGME and CODA;
- Provide evidence demonstrating previous experience or relationships with established community-based residency programs, and the number of years your organization has consistently worked with these entities;
- Describe your ability to work with community-based medical and dental educators, medical and dental students/potential residents, and extensive past experience/track record of working with medical and dental students interested in rural and underserved practice;
- If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in [45 CFR part 75](#) regarding sub-recipient monitoring and management; and
- If multiple partner organizations are submitting an application as a consortium to provide TA, be sure to include the capabilities and requested information for each member organization and highlight what role they will have in ensuring success of the program. A complete list of consortium members must be submitted in **Attachment 5** (*if applicable*). Ensure that the organizational chart shows the applicant organization that is responsible for the overall management of the program and the relationship of all other involved partner organizations. Discuss the capability of the applicant organization to provide overall program management. If as part of the application you are integrating partner organizations to fulfill work plan requirements, include Letters of Agreement, MOU, etc. as **Attachment 3**.

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

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- Section A (*required*) **Personal Statement**. Briefly describe why the individual’s experience and qualifications make him/her particularly well suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors**. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (*optional*) **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.

Note: The applicant is encouraged to form a consortium of entities with a broad range of expertise and experience in residency accreditation, clinical rotation training and extensive knowledge of long-term sustainable residency funding mechanisms. The applicant organization is a critical component to ensure the success of this project and should demonstrate a proven track record, with extensive prior experience and results in working with entities developing community-based residency programs.

iii. **Budget**

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

Provide one SF 424 R&R budget form for the entire period of performance, with a yearly breakdown on the budget justification only.

Subawards/subcontracts

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

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

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

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 R&R Application Guide for additional information. 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. The current Executive Level II salary is \$199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's SF-424 R&R Application Guide for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Justification Narrative**

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

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project for each year of the period of performance. Please note: all budget justification narratives count against the page limit.

If your program proposal includes hiring new personnel, awarding contracts, or making subawards, 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 promptly. 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, and the total estimated costs.

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

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

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

Keep each job description to two pages 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: 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. 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.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the *project* (not the applicant organization), including partnerships and/or consortium members.

Attachment 5: Consortium Member List (As Applicable)

If applicable, provide a member list for the consortium. It is recommended that applicants provide the following information for each consortium member in a table format:

- Member Organization Name
- Member Organization Complete Address
- Primary Point of Contact Information (i.e., name, title, email address, phone number)
- Organization Employer Identification Number (EIN)
- Brief Description of Organization and Project Role

Note: Letters of Agreement, MOU, etc., must be included in Attachment 3 for all consortium members.

Attachment 6: List of Supporting Organizations (As applicable)

If applicable, provide a clearly labeled list of any non-consortium organizations providing substantial support and/or relevant resources to the project. The following information should be provided for each organization:

- Organization Name
- Organization Complete Address
- Primary Point of Contact Information (i.e., name, title, email address, phone number)
- Brief Description of Organization and Project Role (e.g., relevant support/resource(s) being provided)

Attachment 7: Other Relevant Documents (Optional)

Include any other supplemental 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)

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this

Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the Federal award date.

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 R&R Application Guide](#).

[SAM.GOV](#) ALERT: Please note 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 – R &R) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within 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 *August 30, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **three calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The THCPD-TA 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 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to three years, at no more than \$3,000,000 in Year 1; \$1,000,000 in Year 2; \$1,000,000 in Year 3 (inclusive of direct **and** indirect costs).

Awards to support projects beyond the first budget year will be contingent on satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 R&R Application Guide for additional information.

You cannot use funds under this notice for the following purposes:

- Acquiring or building real property
- Major construction or major renovation of any space.

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.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. 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 THCPD-TA 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 to Program Purpose	35
3. Impact	15
4. Organizational Information, Resources & Capabilities	25
5. Support Requested	10
Total Points	100

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

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates a clear understanding of the purpose of the program and identifies specific goals, objectives, and expected outcomes that will meet the identified technical assistance needs of THCPD Program award recipients;
- Cites current (within 3 years) information and data to describe primary care, physician, and dental shortages in rural and underserved areas and demonstrates knowledge of the drivers behind these shortages;
- Describes the health care delivery systems that host community-based residency programs (e.g., urban-rural clinical partnerships, rural health care sites/delivery, diverse health care payer systems) and their unmet needs, including larger contextual issues facing the development of new community-based residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics;
- Clearly outlines the needs of community-based healthcare entities and training partners for technical assistance related to strengthening partnerships/networks and ability to recruit, train, and retain diverse and high-quality physicians; and

- Describes the need for TA related to the intricacies of residency program funding and the implications that funding limitations have on the viability of community-based residencies as it pertains to graduate medical education support throughout the U.S.

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

The quality and extent to which the proposed project demonstrates the capability to provide TA to new community-based residencies and proposes strong TA methods to meet program goals and objectives described in this NOFO.

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

Reviewers will evaluate the quality and extent to which the application:

- Proposes methods to provide TA on a national scale to support the identified needs of current and future THCPD Program award recipients for family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry and geriatrics;
- Clearly outlines the types of TA resources that will be provided to THCPD Program award recipients. This may include, but not limited to:
 - Assessing THCPD award recipient’s readiness to establish a new community-based residency program;
 - Identifying and informing THCPD Program recipients of other federal (e.g., HHS, HRSA grants and TA) and non-federal resources and funding (e.g., state funding) that may be applicable. Some examples include telehealth and the National Health Service Corps program;
 - Synthesizing resources to educate and promote best practices to THCPD Program award recipients and other key stakeholders through outreach, information sharing, and dissemination of tools and resources;
 - Ensuring TA support for THCPD Program award recipients across all stages of development from planning to implementation and maintenance; and
 - Promoting networking and collaboration among THCPD Program award recipients.
- Describes a plan to identify, track, analyze, and translate key policy and programmatic issues affecting the development of community-based residency programs, such as regulatory changes that impact financial sustainability and issues with recruiting, training, and retaining diverse and high-quality physicians to rural communities;
- Describes an effective approach to help THCPD Program award recipients understand GME funding mechanisms and other sustainable options (i.e., Department of Veterans Affairs, state, or private funding) and provide successful strategies to secure funding;
- Provides a detailed plan to facilitate a 2-day annual meeting for THCPD Program award recipients and key stakeholders to foster collaborative networks and inform program participants and policymakers;

- Describes plan to engage medical educators, health care providers, health researchers, policy makers, medical and dental students, and potential residents interested in rural and underserved practice; and
- Describes meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application; and to the extent which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served. Letters of agreements and/or memorandum of understanding must be provided in **Attachment 3** for all identified partners, including consortium members. If applicable, a complete list of consortium members must be submitted in **Attachment 5**.

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

Reviewers will evaluate the quality and extent to which the application:

- Provides a detailed and logical work plan that is capable of achieving program objectives and implementing a TA center of national scope;
- Describes activities or steps that will be used to address the identified TA needs of THCPD Program award recipients in developing new community-based residency programs specifically in the areas of family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics;
- Provides a clear and complete work plan in **Attachment 1** describing timeframes, deliverables and key faculty/staff and partners required to execute each activity during the three-year period of performance, including a 2-day annual meeting during each year of the cooperative agreement. Identified key faculty/staff should correspond with the staffing plan in **Attachment 2**;
- Explains how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the cooperative agreement; and
- Provides a one-page logic model in **Attachment 1** that captures a comprehensive framework depicting the relationship among resources, activities, evaluation and impact of the proposed project.

Criterion 2(c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(c\) Resolution of Challenges](#)

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates an understanding of the potential challenges and barriers in providing TA to new community-based residency programs (i.e., unique challenges of community-based programs compared to hospital-based), as well as reasonable strategies to resolve these challenges; and
- Describes and demonstrates an understanding of any additional internal and external challenges that may directly or indirectly affect the successful execution of the cooperative agreement and provides details on strategies on how these challenges will be resolved.

Criterion 3: EVALUATION AND IMPACT (15 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project impact

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (5 points) – Corresponds to [Section IV’s Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)

Reviewers will evaluate the quality and extent to which the application:

- Describes a performance evaluation plan that will contribute to continuous quality improvement, and proposes clearly defined, viable metrics that describes the inputs, key processes, and meaningful project outcomes that will be used to measure the effectiveness of a TA center of this scope; and
- Provides evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 3(b): IMPACT (10 points) – Corresponds to [Section IV’s Impact Sub-section \(b\) Project Impact](#)

- Describes the organization’s systems and processes that will support its data collection strategy to collect, manage, analyze, and track data to effectively measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery; and
- Describes an evaluation plan that will effectively measure the impact of the THCPD Program on addressing physician and dental workforce shortages and access to care in rural and underserved communities, such as compiling data reported by the THCPD Program award recipients on accredited programs, specialty type, residency positions, location of training, percentage of training in medically underserved communities, health professions shortage areas, and primary care and rural settings; and characteristics of practice and graduates.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES & CAPABILITIES (25 points) – Corresponds to [Section IV’s Organizational Information, Resources, and Capabilities](#)

Reviewers will evaluate the quality and extent to which the application:

- Describes the organization’s capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project and provide TA to organizations developing new community-based residency programs.
- Describes the organization’s current mission, structure, scope of current activities, other key partnerships and how these elements will contribute to the organization’s ability to implement the program requirements and meet program expectations. The applicant organization must include a complete and coherent project organization chart in **Attachment 4**;
- Demonstrates extensive experience (regardless of funding source) supporting organizations developing new community-based residency programs. This may include, but is not limited to:

- Demonstrating expertise in graduate medical education and residency program financing (i.e., Medicare, Medicaid, other public and private funding sources);
- Specific knowledge and experience assisting organizations in developing and achieving ACGME or CODA accreditation for new community-based residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics;
- Supporting research and dissemination of best practices to medical and dental educators on community-based health models of care, including any emerging patient care or health care delivery strategies that will provide high quality residency training; and
- Recruitment and retention of residency faculty/staff and residents.
- Demonstrates the commitment and ability to form collaborative long-term relationships with key community-based constituencies, healthcare delivery sites, and academic partnership;
- Demonstrates previous experience or relationships with established community-based residency programs and the number of years the applicant organization has consistently worked with these entities;
- Demonstrates experience working with community-based medical and dental educators, medical and dental students/potential residents, and extensive track record working with medical and dental students interested in rural and underserved practice;
- Provides a staffing plan in **Attachment 2** and biographical sketches of key personnel demonstrating the ample and surveyable knowledge, skills, and expertise of the staff to implement the proposed work plan;
- If multiple partner organizations are submitting an application as a consortium to provide TA, the applicant describes the capabilities and role each member organization will have in ensuring success of the proposed project. A complete list of consortium members must be submitted in **Attachment 5** (if applicable).
- If the applicant organization plans to contract with outside experts to carry out any portion of the project, the applicant organization must provide evidence of the contractor's experience and qualifications and/or any evidence of an existing relationship or collaboration; and
- If funds will be sub-awarded or expended on contracts, the applicant explains how they will ensure these funds are properly used and monitored.

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

Reviewers will evaluate the quality and extent to which the application:

- Proposes a reasonable budget that is clearly defined for the entire period of performance in relation to the objectives and complexity of activities outlined within the application to achieve the anticipated results; and
- Identifies key personnel and ensures that they have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

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 anticipates issuing the Notice of Award (NOA) prior to the start date of December 1, 2021. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

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

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

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 R&R Application Guide](#) and the following reporting and review activities:

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

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

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

Further information will be available in the NOA.

- 2) **Performance Reports.** The recipient must submit a performance report to HRSA via the Electronic Handbooks (EHBs) on an **annual** basis. The performance report will address the cooperative agreement activities and impact/outcomes during each year of the period of performance. The performance measures for this program will include, but not limited to, those outlined in the Project Narrative Section IV's Impact sub-section (a). Further information will be provided in the NOA.

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

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

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

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

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be provided in the NOA.
- 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](#).

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

VII. Agency Contacts

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

Kim Ross, CPA
 Grants Management Specialist
 HRSA Division of Grants Management Operations, OFAM
 5600 Fishers Lane, 10NWH04 (mail drop)
 Rockville, Maryland 20857
 Telephone: (301) 443-2353
 Email: kross@hrsa.gov

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

LCDR Tonya Twyman
Project Officer, Division of Medicine and Dentistry
Attn: THCGME Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N146A
Rockville, MD 20857
Telephone: (301) 443-6535
Email: twyman@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

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

Tips for Writing a Strong Application

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

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

508 Compliance Disclaimer

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

Appendix A: Resources

Several sources offer information that will help you in preparing your 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>

American Dental Association's Commission on Dental Accreditation

<https://www.ada.org/en/coda>

Health Resources and Services Administration Resources

- **Teaching Health Center Graduate Medical Education (THCGME) Program**
<https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education>
- **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>
- **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/>