

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Bureau of Health Workforce  
Division of Medicine and Dentistry

***Primary Care Training and Enhancement-Community Prevention and Maternal Health (PCTE-CPMH)***

**Funding Opportunity Number: HRSA-21-014**

**Funding Opportunity Type(s): New**

**Assistance Listings (CFDA) Number: 93.884**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: February 22, 2021**

*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: December 14, 2020**

Program Contact Name: Irene Sandvold, DrPH, FACNM, FAAN  
Project Officer, Bureau of Health Workforce  
Telephone: (301) 443-2295  
Fax: (301) 443-0162  
Email: [isandvold@hrsa.gov](mailto:isandvold@hrsa.gov)

Authority: 42 U.S.C. § 293k(a) (Section 747(a) of the Public Health Service Act)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Primary Care Training and Enhancement-Community Prevention and Maternal Health (PCTE-CPMH) Program. The purpose of this program is to train primary care physicians in maternal health care clinical services or population health in order to improve maternal health outcomes. The program will increase the number of primary care physicians trained in public health and general preventive medicine with maternal health care expertise and the number of primary care physicians trained in enhanced obstetrical care practicing in rural and/or underserved areas.

There are two training tracks: *Primary Care Community Prevention Track* and *Primary Care Obstetrics Track*. Both tracks train primary care physicians in different aspects of maternal health care.

*Primary Care Community Prevention Track:* The Primary Care Community Prevention Track supports training for either (1) primary care physicians (defined as physicians who have completed residency and are board-eligible or board-certified in family medicine, general internal medicine, general pediatrics, or combined internal medicine and pediatrics) and that are training in the second specialty of public health and general preventive medicine (hereafter referred to as “preventive medicine”), or (2) resident physicians in combined internal medicine-preventive medicine or family medicine-preventive medicine residency programs. The aim of this track is specifically to broaden residents’ scope of services in community prevention and maternal health care. The program will also contribute to the integration of public health into primary care in rural and/or underserved areas. Rotational experiences created by awardees for this track can be made available to other physicians in training as well, but non-primary care physicians may not be supported by this award.

*Primary Care Obstetrics Track:* The Primary Care Obstetrics Track supports training for either (1) primary care physicians (defined as physicians who have completed residency and are board-eligible or board-certified in family medicine) that are training in an obstetrics fellowship program, or (2) resident physicians in family medicine residency programs with enhanced obstetrical training, including training which is provided by a co-located obstetrics-gynecology residency program. The aim of this track is specifically to broaden the training and scope of practice of these physicians to provide high quality, evidence-based maternity care services in rural and/or underserved areas, including physiologic vaginal birth and cesarean sections. Rotational experiences created by awardees for this track can be made available to other physicians in training as well, but non-primary care physicians may not be supported by this award.

Applicants for both training tracks are encouraged to engage in partnerships with state Title V Maternal and Child Health Services Block Grant Programs. Title V programs are a key source of support for promoting and improving the health and well-being of the nation’s mothers, children, including children with special needs, and their families. These

programs have the data to help target needs and monitor the maternal health workforce within their states.

The FY 2021 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Primary Care Training and Enhancement-Community Prevention and Maternal Health Program
Funding Opportunity Number:	HRSA-21-014
Due Date for Applications:	February 22, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$15,783,000
Estimated Number and Type of Award(s):	Approximately 26 grants
Estimated Award Amount:	Up to \$600,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2026 (5 years)
Eligible Applicants:	Eligible entities for the PCTE-CPMH program are an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such a grant. See <a href="#">Section III.1</a> 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 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(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

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## I. Program Funding Opportunity Description

This notice announces the opportunity to apply for funding under the Primary Care Training and Enhancement-Community Prevention and Maternal Health (PCTE-CPMH) Program.

### 1. Program Purpose

The purpose of this program is to train primary care physicians in maternal health care clinical services or population health in order to improve maternal health outcomes. The program will increase the number of primary care physicians trained in public health and general preventive medicine, or trained in enhanced obstetrical care to increase maternal health care expertise and the number of primary care physicians trained in enhanced obstetric care in rural and/or underserved areas.

There are two training tracks: *Primary Care Community Prevention Track* and *Primary Care Obstetrics Track*. Both tracks train primary care physicians in different aspects of maternal health care.

*Primary Care Community Prevention Track:* The Primary Care Community Prevention Track supports training for either (1) primary care physicians (defined as physicians who have completed residency and are board-eligible or board-certified in family medicine, general internal medicine, general pediatrics, or combined internal medicine and pediatrics) and that are training in the second specialty of public health and general preventive medicine (hereafter referred to as “preventive medicine”), or (2) resident physicians in combined internal medicine-preventive medicine or family medicine-preventive medicine residency programs. The aim of this track is specifically to broaden residents’ scope of services in community prevention and maternal health care. The program will also contribute to the integration of public health into primary care in rural and/or underserved areas. Rotational experiences created by awardees for this track can be made available to other physicians in training as well, but non-primary care physicians may not be supported by this award.

*Primary Care Obstetrics Track:* The Primary Care Obstetrics Track supports training for either (1) primary care physicians (defined as physicians who have completed residency and are board-eligible or board-certified in family medicine) that are training in an obstetrics fellowship program, or (2) resident physicians in family medicine residency programs with enhanced obstetrical training, including training which is provided by a co-located obstetrics-gynecology residency program. The aim of this track is specifically to broaden the training and scope of practice of these physicians to provide high quality, evidence-based maternity care services in rural and/or underserved areas, including physiologic vaginal birth and cesarean sections. Rotational experiences created by awardees for this track can be made available to other physicians in training as well, but non-primary care physicians may not be supported by this award.

Applicants for both training tracks are encouraged to engage in partnerships with state Title V Maternal and Child Health Services Block Grant Programs. Title V programs are a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families. These programs have the data to help target needs and monitor the maternal health workforce within their states.

### **Program Goals**

The goal of PCTE-CPMH Program is to increase the number of primary care physicians trained in population health with a focus on maternal health outcomes and increase the number of primary care physicians trained to provide high quality obstetrical care in rural and/or underserved areas.

### **Program Objectives**

1. Develop partnerships between academia, primary care delivery sites or systems, and community-based organizations to carry out education and training programs for primary care physicians who desire additional competencies and experiences in community prevention and obstetrics.
2. Educate and train family medicine residents and fellows in obstetrics care, to broaden their training and scope of practice in providing evidence-based maternity care services.
3. Educate and train primary care residents (who are board-eligible or board-certified in family medicine, general internal medicine, general pediatrics, or combined internal medicine and pediatrics or enrolled in a combined primary care and preventive medicine program) to broaden their scope of services in community prevention and maternal health care.
4. Demonstrate how outcomes in maternal health can be improved through adoption of community prevention training as well as through obstetrics clinical training in primary care training and practice.

### **HHS and HRSA Priorities**

This NOFO addresses training to enhance competencies in maternal health for primary care providers to transform the workforce, target the need and prevent and reduce maternal mortality. You are encouraged to select and address additional HHS and HRSA clinical priorities below.

- Ending the crisis of opioid addiction and overdose in America
- Improving mental health access and care
- Transforming the healthcare system through value-based care delivery and quality improvement initiatives
- Strengthening health care access through telehealth
- Ending the HIV epidemic

## 2. Background

This program is authorized by 42 U.S.C. § 293k(a) (Section 747(a) of the Public Health Service (PHS) Act). The HRSA PCTE-CPMH program seeks to prevent and reduce maternal mortality and severe maternal morbidity in rural and/or underserved areas by training primary care providers in clinical obstetrics and preventive medicine with a focus on maternal health.

An estimated 60 percent of pregnancy related deaths are preventable.<sup>1</sup> Nearly 50 percent of all pregnancy-related deaths from review of nine maternity mortality review committees were caused by hemorrhage, cardiovascular and coronary conditions, cardiomyopathy or infections.<sup>2</sup> Residents in the Primary Care Community Prevention Track will learn from and provide leadership in strengthening maternal mortality review committees. These standardized committees contribute to understanding causes and implementing solutions to improve maternal health outcomes. The residents in the Primary Care Obstetrics Track increase skills on managing and preventing these conditions. Findings from mortality reviews provide guidance to the curriculum for the obstetrics training track and for changes in the delivery system.

The rate of pregnancy-related deaths during or within one year of pregnancy in the U.S. has steadily increased from 7.2 deaths per 100,000 live births in 1987 to 16.9 per 100,000 live births in 2016 (the latest available year of data).<sup>3</sup> Many women living in rural areas of the U.S. are geographically isolated with limited access to quality obstetrical services.<sup>4</sup> Forty-five percent of U. S. counties had no hospital system from 2004-2014 and another nine percent of rural counties lost all hospital obstetrical services during that time.<sup>5</sup> Women in these rural counties with fewer medical providers have a higher percentage of African American and lower income residents and are

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<sup>1</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from [http://reviewtoaction.org/Report\\_from\\_Nine\\_MMRCs\\_5/21/2020](http://reviewtoaction.org/Report_from_Nine_MMRCs_5/21/2020).

<sup>2</sup> IBID

<sup>3</sup> Data are from the CDC PMSS that includes death certificates for all women who died during pregnancy or within one year of pregnancy and matching birth or fetal death certificates. Pregnancy-related deaths are defined as the death of a woman while pregnant or within one year of the end of a pregnancy—regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This definition extends the World Health Organization definition of maternal deaths from within 42 days to within one year of pregnancy. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

<sup>4</sup> Hung, P., Henning-Smith, C., Casey, M., and Kozhimannil, K. “Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14.” Health Affairs 36, No. 9 (2017).

<sup>5</sup> Hung, P., Henning-Smith, C., Casey, M., and Kozhimannil, K. “Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14.” Health Affairs 36, No. 9 (2017). American College of Obstetrics and Gynecology, Committee on Obstetric Practice, Number 736 Presidential Task Force on Redefining the Postpartum Visit, Redefining the Postpartum Visit, Increasing Engagement <https://www.acog.org/clinical/clinical-guidance/committee-opinion/optimizing-postpartum-care> accessed May 21, 2020.

more likely to lack access to hospital obstetrical services.<sup>6</sup> The lack of access can mean life or death if a woman experiences complications such as hemorrhage or hypertension after returning home from delivery.<sup>6</sup>

Several policy and stakeholder groups emphasize the importance of training primary care physicians both in clinical maternal health and public health in order to address the problems of disparities and increased mortality and morbidity. The members of the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD), in their January 8-9, 2020 meeting for their 18<sup>th</sup> report on “Rural Health”, recommended that HRSA address maternal health through “support for educational and training programs that promote evidence-based maternal care in rural settings”.<sup>7</sup>

Several national bodies, including the Institute of Medicine, the Robert Wood Johnson Foundation, and the American Academy of Family Practice, have called for an integration of public health into primary care.<sup>8,9,10</sup>

The literature demonstrates the need for expanded training in obstetrics in order to increase the number of physicians who are competent to manage maternal health care working in rural and underserved areas. Family physicians fill the gap in providing maternity care services in many rural and some underserved areas.<sup>11</sup> The proposed Primary Care Obstetrics Track is not training in the medical specialty of obstetrics and gynecology, although some fellowships are referred to as “obstetrics fellowships” by the medical community. Rather, this training is an extension of the Accreditation Council on Graduate Medical Education (ACGME) required Family Medicine residency core requirements in the care of women, including provision of prenatal, intrapartum and postpartum care, participation in deliveries, labor management, delivery management, and care between pregnancies. These residency and fellowship requirements are designed to train physicians to provide maternity care, including distinguishing abnormal and normal pregnancies; caring for common medical problems arising from pregnancy or coexisting with pregnancy; performing a spontaneous vaginal delivery; and managing obstetrical emergencies. Family Medicine physicians

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<sup>6</sup> <https://www.hrsa.gov/sites/default/files/ourstories/mchb75th/mchb75maternalmortality.pdf>.

<sup>7</sup> Advisory Committee on Primary Care Medicine and Dentistry (ACPCMD) meeting minutes Jan.8-9, 2020.

<sup>8</sup> Linde-Feucht S, Coulouris N. *Integrating Primary Care and Public Health: a Strategic Priority*. American Journal of Public Health. 2012 June;102 Suppl 3:S310-1. doi: 10.2105/AJPH.2012.300849.

<sup>9</sup> American Academy of Family Practice Integration of Primary Care and Public Health. Position Paper. <https://www.aafp.org/about/policies/all/integprimarycareandpublichealth.html>.

<sup>10</sup> Taylor E et al. *Integrating Public Health and Health Care: Getting Beyond the Theory*. Robert Wood Johnson Foundation. <https://www.shvs.org/wp-content/uploads/2016/03/SHVS-Bailit-Public-Health-Integration-March-2016.pdf>.

<sup>11</sup> Aimee R. Eden, Lars E. Peterson, *Challenges Faced by Family Physicians Providing Advanced Maternity Care*. Maternal and Child health Journal. 2018; 22:932-940. <https://link.springer.com/article/10.1007%2Fs10995-018-2469-2>.



who receive this training will gain competencies in ultrasound, colposcopy, and other obstetrical procedures essential for managing care. They will also gain experience with collaborative management of care with the rest of the maternity care team serving in rural and underserved areas. This will be key in avoiding burnout for the family medicine physicians and enhance the wrap-around services provided to women and families.

The Technical Report from the HRSA Maternal Mortality Summit, *“Promising Global Practices to Improve Maternal Health Outcomes,”* provides key findings for action.<sup>12</sup> This NOFO addresses several of the summit’s key findings by providing support for residents to focus on the maternal health population and for the expansion of education for family medicine residents and family medicine physicians on clinical maternity care, in the context of team-based care. The PCTE-CPMH program also supports the clinical experiences to enable graduates or program completers to develop competencies and confidence to manage maternal health care for underserved and rural women and their families.

Indicators of a successful project for the Primary Care Community Prevention Track are an increased number of primary care physicians trained in preventive medicine who provide leadership in maternal health programs, improved linkages between the local and state health departments and community health centers (CHCs) on solutions to improve maternal health, and better means for addressing disparities in maternal health outcomes. Successful projects for the Primary Care Obstetrics Track are programs with an increased number of primary care physicians trained to incorporate high quality obstetrical care in their family medicine practice in rural and underserved areas.

Additional information on the Bureau of Health Workforce programs can be found at [www.hrsa.gov/bhw](http://www.hrsa.gov/bhw).

## **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 PCTE-CPMH Program for Fiscal Year 2021:

**Community-based organization** means a public or private nonprofit entity that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

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<sup>12</sup> Department of Health and Human Services, Health Resources and Services Administration, *HRSA Maternal Mortality Summit: Promising Global Practices to improve Maternal Health Outcomes*, February 15, 2019.

**Community Health Center** for purposes of this NOFO is a not-for-profit or federally-funded, consumer directed healthcare organization that provides access to high quality, affordable, and comprehensive primary and preventive care. Some of the centers offer medical, dental, and mental health care on site or through a contract with another organization. Community health centers have a unique mission of ensuring access for undeserved, under-insured and uninsured patients.

**Longitudinal clinical training experience** means a long term (e.g., 3 months or longer) clinical experience with a clinical partner, focusing on the care of tribal communities, rural communities, and/or medically underserved communities (MUCs).

**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/#/>.

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

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

**Title V Maternal and Child Health Services Block Grant Programs** are one of the largest federal block grant programs awarded to States and jurisdictions. [Title V](#) is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families. State Title V contacts are available here: <https://mchb.tvisdata.hrsa.gov/Home/StateContacts>

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

## **2. Summary of Funding**

HRSA estimates approximately \$15,783,000,000 to be available annually to fund approximately 26 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to \$600,000 total cost (includes both direct and indirect) per year.

The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2021 through June 30, 2026 (five years). Funding beyond the first year is subject to the availability of appropriated funds for the PCTE-CPMH Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government. HRSA may reduce funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in the application.

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

### **Limitations on indirect cost rates**

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

## **III. Eligibility Information**

### **1. Eligible applicants**

Eligible entities for the PCTE-CPMH program are an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such a grant.

Faith-based and community-based organizations are eligible to apply for these funds if otherwise eligible. Tribes and tribal organizations may apply for these funds, if otherwise eligible.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

### Accreditation

Applicants must provide documentation of accreditation, consistent with the training tracks addressed in the application, by the ACGME as **Attachment 10**. Documentation must include (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, (2) the dates of initial accreditation and next accrediting body review, (3) the accreditation start and expiration dates, and (4) a web link to the accreditation status. The full letter of accreditation is not required. Failure to submit the required accreditation documentation may be considered by HRSA as non-responsive and ineligible for consideration. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of change in status.

### Ceiling Amount

HRSA will consider any application that exceeds the ceiling of \$600,000 per year (direct and indirect costs) for each year of the 5-year project period 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.

### Maintenance of Effort (MOE)

The recipient must agree to maintain expenditures of non-federal funding for award activities at a level that is not less than the level of expenditures for such activities for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2. Complete the Maintenance of Effort information in the chart provided and submit as **Attachment 6**. HRSA will consider any application that fails to satisfy the requirement to provide MOE information non-responsive and will not consider it for funding under this notice.

### Multiple Applications

Multiple applications from an organization with the same DUNS number or Unique Entity Identifier (UIE) are allowable if the applications propose separate and distinct projects.

An institution may submit a separate application for both the Primary Care Community Prevention Track and the Primary Care Obstetrics Track. Each

application must note on the SF-424 R&R cover sheet whether it is for the Primary Care Community Prevention Track or the Primary Care Obstetrics Track.

If an institution is applying for both training tracks, the project director must be different for each track and meet the qualifications as defined in [Funding Restrictions, Project Director](#).

For each of the two applications, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number and designated training track, 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 and may not be considered for funding under this notice.

### **Beneficiary Eligibility**

A resident or fellow receiving support from grant funds must be a citizen, national, or permanent resident of the United States.

## **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 justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the [SF-424 R&R Application Guide](#) in addition to the program-specific

information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. 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 may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-014, 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. 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 13 Other Relevant Documents**.

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

## **Temporary Reassignment of State and Local Personnel during a Public Health Emergency**

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness (ASPR) website via <https://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

## **Program-Specific Instructions**

### **Program Requirements**

#### **Primary Care Community Prevention Track**

Applicants to the Primary Care Community Prevention Track must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) and be either (1) free-standing Public Health and General Preventive Medicine residency programs or (2) combined residencies of Public Health and General Preventive Medicine with either internal medicine or family medicine.

Programs must:

1. Provide residents with a minimum 3-month rotation (longitudinal or cumulative) that focuses on maternal health programs and community maternal health needs at a local or state health department or community health center in rural and/or underserved communities.
2. Provide residents with appropriate mentorship and faculty guidance to complete at least one scholarly project that addresses factors affecting maternal health and well-being, and report on projects in the annual progress report to HRSA.
3. Provide resident experience with maternal mortality review committee (MMRC) work by participating in or leading the MMRC.
4. Provide residents with leadership opportunities in engaging community organizations and sectors related to maternal health to design solutions for solving disparities in maternal health outcomes of severe morbidity and mortality.
5. Incorporate interprofessional learning experiences, both in the didactic content and in experiential learning.

### **Primary Care Obstetrics Track**

Applicants to the Primary Care Obstetrics Track must be either (1) an existing obstetrics fellowship program affiliated with either an ACGME-accredited program in family medicine or an ACGME-accredited residency program that is housed within a Department of Obstetrics and Gynecology (OB/GYN), or (2) an ACGME-accredited Family Medicine residency program with an existing expanded obstetrics curricular component.

Programs must:

1. Provide guided clinical experience in: the provision of prenatal, postpartum care; participation in and management of physiological and cesarean section deliveries; labor management; interconceptional care; distinguishing abnormal and normal pregnancies; caring for common medical problems arising from pregnancies or co-existing with pregnancy; performing a spontaneous vaginal delivery; managing obstetrical emergencies; and competencies in specific procedures for pregnancy management such as ultrasound, colposcopy, and other obstetrical procedures essential for managing care.
2. Provide experience with collaborative management of care with the rest of maternity care team serving in rural and/or underserved areas including nurses, nurse-midwives, doulas, social workers, allied health professionals, and other health care workers.
3. Provide the opportunity for residents to gain competence in performing cesarean sections.
4. Provide training at institutions that have a sufficient volume of services for a minimum of 20 cesarean sections, at risk pregnancies, and deliveries per resident or fellow. The institution may collaborate with other high volume facilities in order for residents and fellows to gain this level of experience.
5. Incorporate interprofessional learning experiences, both in the didactic content and in experiential learning, including collaboration with midwives, nurses, and doulas.
6. Residents or fellows must have at least one month of rotation in a rural and/or underserved hospital with obstetrical services or a rural and/or underserved free standing birth center.

### **Requirements for both training tracks**

1. Provide clinical experiences for residents in the use of telehealth technology to improve access to health services and improve maternal health outcomes. Refer to telehealth resources at the end of the NOFO.
2. Provide information to residents throughout their training about the National Health Service Corps (NHSC) Loan Repayment Program and the Indian Health Service (IHS) Loan Repayment Program, and provide guidance and resources to help them locate employment in NHSC approved sites after they graduate.



3. Develop a plan to collect post-graduation employment demographics of graduates and completers from residency and fellowship training tracks for one year after they complete their residency or fellowship.
4. Ensure residents apply for a NPI number and collect the NPI numbers of residents and fellows who participate in the program.

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

**i. Project Abstract**

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

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish
3. Which of the clinical priorities will be addressed by the project, if applicable;
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project;
5. Select one training track:
  - Primary Care Community Prevention Track
  - Primary Care Obstetrics Track; and
6. If applicable, provide a statement requesting the priority and/or preference and the basis for the request.

**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](#)

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

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

1. Identify the training track addressed by the application.
2. Shortages and need for primary care physicians trained in obstetrics care or preventive medicine capable of improving maternal health outcomes in the locality or in which the residency or fellowship training is located, especially in rural and/or underserved areas.
3. Data on demographics, social determinants of health and health disparities faced by the population served and their maternal health needs, including prevention and treatment of risk factors such as diabetes, heart disease, hypertension, obesity, depression, OUD and SUD in pregnancy in with a focus on rural and/or underserved areas.
4. Gaps in the obstetrics services and preventive medicine maternal health surveillance outcomes including resources available to care for individuals and families experiencing OUD and SUD in the area served by the program.
5. Gaps in the telehealth capacity including equipment, technical support, its use in education and providing services especially maternal health to rural and/or underserved populations.
6. Characteristics of existing program partners that align with the project purpose and the need for strengthening academic and community linkages with state and local health departments, community health centers, and other community providers for development of maternal health clinical training sites for residents or fellows.
7. Need for providers, preceptors, and faculty with the skills addressed in this NOFO in the sites where the residents or fellows will train.
8. Type of training sites and for Primary Care Obstetrics Track programs, number of vaginal deliveries and C-sections.
9. Type of interprofessional experiences available for the Primary Care Community Prevention Track in the public health and community health center settings.
10. Interprofessional education and services for learning experiences.
11. Range of services in the clinical training sites including ambulatory care for maternal health in the locality of the program.

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

Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. Objectives may be categorized by organizational priorities by selecting applicable priorities on the SWP form. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

1. Identify the objectives and sub objectives for the project to provide the framework for activities for each year of the project (specific, measureable, achievable, realistic and time framed).
2. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section for each year of the project period.
3. Describe the timeframes, deliverables, and key partners required during the five-year project period of performance to address each of the activities designed to address the needs described in the Purpose and Need section. Identify the persons responsible for each activity.
4. Provide the implementation timeline for the project period throughout the five-year period of performance.
5. Identify support and collaboration with key stakeholders, including state and local health departments, community health centers, and other community providers in planning, designing and implementing all activities, including development of the application; and the extent to which these contributors reflect the populations and communities served.
6. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly used and monitored.
7. Describe the plan for actions to recruit and admit residents or fellows and to retain them to graduation or program completion. Provide projected number of residents and fellows. Provide actions to be taken to mandate participants to acquire NPI numbers.

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

- (b) *METHODOLOGY/APPROACH* -- [Corresponds to Section V's Review Criterion #2 \(b\).](#)
  1. Describe your overall objectives (specific, measureable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.
  2. Describe how you plan to develop effective tools and strategies for ongoing faculty development, preceptor training, outreach, collaborations, and clear lines of communication.
  3. Describe a plan for engaging the community in making decisions on the program and identifying their priority needs and solutions for reducing severe maternal morbidity and mortality with efforts to involve patients, families, and communities.
  4. Describe a plan to disseminate reports, products, and/or project outputs so project information is provided to key audiences. Explain why your project is innovative and provide the context for the project's innovation.
  5. Provide a training chart with projected number of residents or fellows to be admitted and graduated from the program for each level of the program and each year of the project.
  6. Provide a one page logic model appropriate for designing and managing the project that includes objectives, activities, and short, intermediate and long term outcomes and attach as **Attachment 8**.

## **Logic Model**

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key

- personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

- *(c) Resolution of Challenges -- Corresponds to Section V’s Review Criterion #2 (c)*

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

1. Describe challenges related to achievement of project objectives, carrying out the work plan according to the proposed timetable, and project implementation.
2. Describe challenges in recruiting residents, fellows, faculty and/or preceptors or adjunct faculty in the rotation sites.
3. Describe challenges in arranging placements in community health centers or health departments for the learning experiences needed for the community prevention track. Describe challenges in locating rural training experiences for the residents and fellows in both training tracks. Describe challenges in obtaining clinical obstetrics experience for residents and fellows needed for the Primary Care Obstetrics Track.
4. Identify obstacles in facilitating experiences for fellows or residents in sites that offer telehealth.
5. For each challenge, describe optional plans to resolve these challenges.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V’s Review Criteria #3 (a) and (b).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- [Corresponds to Section V’s Review Criterion #3 \(a\)](#)*
  1. Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.
  2. Identify the lead evaluator with qualifications. Describe current experience, skills, and knowledge for lead evaluators, including individuals on staff, materials published, and previous work of a similar nature.
  3. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA’s performance measurement requirements and your plan to address those obstacles.
  4. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the project objectives have been met, and 2) the extent to which these can be attributed to the project.
  5. Describe the systems and processes that will support your organization's collection of HRSA’s performance measurement requirements for this program. At the following link, you will find examples of the required data forms for this program:  
<https://bhw.hrsa.gov/grants/reportonyourgrant>.
  6. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.
  7. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the program.

8. Describe current experience, skills, and knowledge for lead evaluators, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.
9. Describe the evaluation and reporting plan and indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
10. Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI. (Note: Trainees who receive HRSA funds as a result of this award are required to apply for an NPI number for the purpose of collecting post-graduation employment demographics).

Describe your plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: <https://www.healthworkforceta.org/po-resources/rapid-cycle-quality-improvement-resources/>.

**Performance Reporting Plan:**

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

1. Characteristics of the training track – residency or fellowship.
2. Specific efforts to enhance recruitment and retention of residents from rural and/or underserved areas or who are committed to serving rural and/or underserved populations.
3. Number and demographic characteristics of residents and/or fellows.
4. Identification, type, and characteristics of clinical learning and rotation sites including characteristics of the population served, services offered, and number of patients served.
5. Number of fellows or residents that enroll in and graduate or complete the training track.
6. For Primary Care Community Prevention Track programs, learning activities such as scholarly projects on maternal health completed by community prevention residents and how these are used to guide

programming, or, for Primary Care Obstetrics Track programs, number of specific procedures and experiences related to the requirements and procedures completed by the residents and fellows (such as colposcopy, ultrasound, operative deliveries, interprofessional experiences, types of birth setting).

7. Description of learning activities in state and local health departments, community health centers, and other community providers in rural and /or underserved areas, as applicable.
  8. Number and characteristics of faculty and preceptors who received training related to the project objectives.
  9. Curriculum content on interpersonal violence (IPV) and resident and fellow competency related to assessment for IPV and referral to community resources.
- *(b) Project Sustainability -- Corresponds to Section V's Review Criterion #3 (b)*

Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

1. Plans for exploring future sources of potential funding for support of the community prevention rotation for residents or sources for continuing the increased enrollment and graduation for obstetrics fellowship and expanded obstetrical training for family medicine residents.
2. Proposed timetable for becoming self-sufficient.
3. Challenges that are likely to be encountered to sustain the program and proposed approaches that will be used to resolve these challenges.
4. How the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities and evaluation beyond the duration of the project period.



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

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

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

Describe the following:

1. The assets and past experience of your organization in conducting one of the two tracks requested in this NOFO and capacity to meet program requirements.
2. The mission of the institution, particularly related to service to rural and/or underserved and commitment to health equity.
3. Capacity of the faculty to provide the didactic, field experiences, and clinical experiences for residents and fellows, evidence of linking training to best practices.
4. Documentation of a qualified staffing plan as **Attachment 2** and project organizational chart as **Attachment 4**.

5. Evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachments 3 and 9**.
6. Documentation that the applicant organization has developed linkages for resident or fellow placements in rural and/or underserved areas as defined by this NOFO. Include Documentation of Clinical Sites as **Attachment 11**.
7. Description of institutional resources to provide training and services through telemedicine and telehealth.
8. If funds are provided for some activities through sub awards or expended on contracts, describe how the sponsoring institution will ensure that the funds are properly used and monitored.
9. Capacity of the inpatient and outpatient ambulatory sites for the Primary Care Obstetrics Training Track to provide the type and volume of learning experiences and community resources needed for residents and fellows to meet the competencies required for the residents or fellows in their training.
10. Evidence that the project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments, and that the project director has the required experience, dedicated percentage of time on project and is employed by the applicant organization as required by this NOFO.

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
  - Board Certification
- Section A (*required*) **Personal Statement**. Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

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

### iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects 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.

#### **Sub awards/subcontracts**

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

The R & R Sub award Budget Attachment Form limits the number of attachments for sub awards 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 sub awards 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.

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 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

#### **iv. Budget Justification Narrative**

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

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

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

*Participant/Trainee Support Costs:* List tuition/fees/health insurance, travel, subsistence, housing, and stipends while in rural and/or underserved community rotations, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

NOTE: You may use funds under this notice to provide stipends for residents and fellows who are not eligible for Graduate Medical Education (GME) salary. Stipends are only allowable for the residency and fellows in the specialty indicated in this NOFO. Applicants must justify how the stipends advance the rural and/or underserved areas training program.

## 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.

<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>	<b><u>Review Criterion Points</u></b>
Purpose and Need	(1) Purpose and Need	15
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	35 (a) 15 (b) 15 (c) 5
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	20 (a) 10 (b) 10
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities	20
Budget and Budget Justification Narrative	(5) Support Requested	10
		100

### v. **Standardized Work Plan (SWP) Form**

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the established and published application due date.

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

vi. **Attachments**

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

**Attachment 1: Sub award/contract oversight (Required)**

If you will make sub awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds and include that here.

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

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

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

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

**Attachment 4: Project Organizational Chart (Required)**

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

**Attachment 5: Tables, Charts, etc. (As Applicable)**

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

**Attachment 6: Maintenance of Effort Documentation. (Required)**

Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below). HRSA will enforce statutory MOE requirements through all available mechanisms.

## NON-FEDERAL EXPENDITURES

FY 20 (Actual)	FY 21 (Estimated)
Actual FY 20 non-federal funds, including in-kind, expended for activities proposed in this application.  Amount: \$ _____	Estimated FY 21 non-federal funds, including in-kind, designated for activities proposed in this application.  Amount: \$ _____

***Attachment 7: Request for Medically Underserved Funding Preference (As Applicable)***

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify qualification for the preference. Include documentation of this qualification. See [Section V.2](#)

***Attachment 8: Logic Model (Required)***

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

***Attachment 9: Letters of Support (As Applicable)***

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

***Attachment 10: Documentation of ACGME Accreditation (Required)***

You must provide (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation (ACGME); and (2) the dates of initial accreditation and next accrediting body review; (3) the accreditation start and expiration dates; and (4) a web link to the accreditation status. The full letter of accreditation is not required.

***Attachment 11: Documentation of Clinical/ Practice Sites (Required)***

Provide a table description of the experiential training site(s) as depicted in Table 1 in the Purpose and Needs section, including the number of hours per week for each rotation that each resident or fellow will be able to participate.

Clinical/Practice Training Site Name	Clinical/Practice Training Site Address (EXAMPLE: XX Main Street, Town, State, Extended Zip code)	Number of Residents or Fellows who will be involved in grant activities	Interdisciplinary team-based care setting (Yes/No)	Number of trainee hours and weeks/months at training site	Clinical training site offers MAT and OUD prevention and treatment services (Yes/No)	Clinical/Practice training site offers telehealth services (Yes/No)	Clinical/ Practice training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer (Yes/No)

**Attachment 12: Request for Funding Priority (As Applicable)**

To receive a funding priority, include a statement that the applicant is eligible for a funding priority with documentation. For additional information on the funding priority see [Section V.2](#)

**Attachment 13: Other Relevant Documents (As Applicable)**

Include here any other document that is relevant to the application including additional letters of support.

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

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

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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://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:** 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 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 the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM 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 *February 22, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The PCTE-CPMH Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## **6. Funding Restrictions**

You may request funding for a period of performance of 5 years, at no more than \$600,000 per year (inclusive of direct **and** indirect costs).

The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

You cannot use funds under this notice for international travel or construction.

### **Project Director**

The Project Director for the Primary Care Community Prevention Track must be board certified in preventive medicine. The Project Director for the Primary Care Obstetrics Track must be board certified in Obstetrics and Gynecology (OB/GYN) or a family medicine physician who has completed an Obstetrics Fellowship or trained in a family medicine residency program with expanded obstetrics training. The Project Director must be employed by the applicant organization, and dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities.

HRSA will not consider applicants that do not demonstrate the qualifications or experience described above.

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 PCTE-CPMH Program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

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

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

1. For the Primary Care Obstetrics Track, need for an increased number of obstetrics, gynecology, and family medicine physicians with expertise in managing maternal health care in underserved and rural areas in interprofessional teams, who are capable of improving maternal health outcomes, with limited resources.

Or

For the Primary Care Community Prevention Track, a documented need for primary care physicians with a specialty in public health and general preventive medicine and expertise in social determinants of health and other population factors affecting maternal health in underserved and rural populations.

2. How the data on demographics, social determinants of health and health disparities faced by the population served affect maternal health outcomes and needs, with a focus on rural and/or underserved.
3. Telehealth capacity in the services and its use in maternal health educational programs in which the residents and fellows will be having their rotations.
4. Need for education of residents and/or fellows to improve the prevention and treatment of risk factors such as diabetes, heart disease, hypertension, obesity, depression, OUD and SUD in pregnancy.
5. Existing academic and community programs and community linkages with state and local health departments, community health centers, and other community providers for development of maternal health clinical care and for training sites for residents or fellows.
6. Needs in training sites where the residents or fellows will be gaining their experience as depicted in Table 1, Attachment 11.
7. Providers, preceptors, and faculty that have the skills addressed in this NOFO in the sites where the residents or fellows will train.
8. Number of graduates from the existing preventive medicine residency program or the family medicine residency/obstetrics fellowship program that practice in rural and/or underserved areas.
9. Number of deliveries and C-sections that will provide the type and volume of experiences needed to develop competency.
10. For Primary Care Obstetrics Track, availability of experience with collaborative management of care with the rest of maternity care team serving in rural and/or underserved areas including nurses, nurse-midwives, doulas, social workers, and other allied health professionals.
11. For Primary Care Community Prevention Track, availability of experiences collaborating with interprofessional teams in engaging the community in setting priorities, surveillance, and designing solutions.

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

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

The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to

achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the populations and communities served. The reviewers will assess the extent to which:

1. The objectives and sub objectives for the project are specific, measurable, achievable, realistic, and time framed.
2. The activities or steps you will use to achieve each of the objectives proposed during the entire period of performance are specific and identified for each year of the project period and provide indication of persons responsible for each activity.
3. The timeframes, deliverables, and key partners required during the grant period of performance to address each of the activities, are designed to address the needs described in the Purpose and Need section, and are appropriate for the project. The implementation timeline must be included for the project period throughout the five year period of performance.
4. The support and collaboration with key stakeholders, state and local health departments, community health centers, and other community providers in planning, designing and implementing all activities, including development of the application and the extent to which these contributors reflect the populations and communities served is documented.
5. If funds will be sub-awarded or expended on contracts, assess appropriateness of how applicant organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.
6. Specific plan and strategies for number of residents and/or fellows to enroll are reasonable and comprehensive for the resources described and the actions planned to recruit and admit residents or fellows and to retain them to graduation are in place and feasible.
7. Plans for applicant evaluation of project activities with indicators and measures and plan for feedback into future activities are specific.

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

The extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining

the project objectives. The reviewers will assess the extent to which the applicant:

1. Identifies one training track – either the Primary Care Community Prevention Track or the Primary Care Obstetrics Track – addressed by the application. You must select only one training track per application.
2. Provides a clear description of how you will go about planning and implementing didactic and experiential learning for the selected training track. For the Primary Care Community Prevention Track this includes identification of one or more community health centers and health departments that include maternal health services and for the Primary Care Obstetrics Track describes the current inpatient and outpatient services available for fellowship or resident learning experiences and the extent to which the capacity is sufficient for the projected number of residents or fellows. Provides description of the curricular components and competencies to be achieved by the residents or fellows that reflect the needs of the population to be served.
3. Provides recruitment and retention strategies that are likely to be successful and provides a clear training chart by academic year and level for projected enrollment and graduation or completion for the residents and/or fellows for each year of the project period.
4. Provides a plan to collect post-graduation employment data, including demographics, from graduates from the residency or fellowship programs. Provides a plan or statement that they will require residents and fellows to apply for a NPI number and collect these numbers for BHW performance reports.
5. Provides identification of clinical sites including ambulatory and inpatient sites that will be used for learning experiences. Identifies the extent to which these sites allow for an adequate volume and type of services for the projected number of enrollees and include documentation on the characteristics of the population served by these facilities and sites.
6. Provides or plans for dedicated experiences for residents and fellows in use of telehealth technology to improve access to health services and improve health outcomes. Provides description of existing resources, partnerships, and plans for development of telehealth education and services.
7. For Primary Care Obstetrics Track, provide a plan for interprofessional education experiences and identify types of disciplines and specialties that will participate. For the obstetrics fellows, provide the extent of experiences with nurse-midwives, nurses, physician assistants and others on the

maternity care team. Provides description of the extent to which the obstetrics fellows gain experience with out of hospital birth settings.

8. For Primary Care Community Prevention Track, provide a plan for interprofessional education and practice experiences and identify types of disciplines and specialties that will participate.
9. For the Primary Care Community Prevention Track, describes key partners with state and local health departments, community health centers, and other community providers and their commitment to participate in the learning activities.
10. Provides a logic model, found in Attachment 8, for conceptualizing, managing and evaluating the project that provides a comprehensive framework for the project.
11. Provides documentation that grant funded and in kind key personnel (including preceptors) are qualified to carry out their proposed scope of work and of sufficient number and time and effort on the project for the projected number of residents or fellows.
12. Provides information needed to assess the degree to which the planned clinical and field experiences will lead to development of the stated competencies for the graduate of the training track selected. Provides assessment of the degree to which the available volume and type of services are sufficient for development of the intended competencies of the graduates and completers.
13. Provides a narrative that the proposed program meets the requirements in the NOFO for the selected track.
14. Provides a plan for assessing that graduates and completers are ready to serve rural and/or underserved populations.

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

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

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

2. Challenges in recruiting residents, fellows, faculty and/or preceptors or adjunct faculty in the rotation sites.
3. Challenges in arranging placements in community health centers or health departments for the learning experiences needed for residents in the community prevention training track. Challenges in locating rural experiences for the residents and fellows in both tracks and volume and type of obstetrical procedures and experiences.
4. Challenges in obtaining experiences in sites that offer telehealth or telemedicine.
5. Availability of interprofessional learning experiences for the selected track.
6. Potential solutions and contingency plans for resolving each challenge.

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

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

The extent to which the proposed project has a public health impact and the project will be effective, if funded. The extent to which the application effectively reports on the measurable outcomes being requested. This includes both internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a). Specific criteria include:

1. The strength and effectiveness of the method proposed to monitor and evaluate the project results.
2. 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.
3. The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement.
4. The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed



in such a way that allows for accurate and timely reporting of performance outcomes.

5. The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles.
6. The extent to which the feasibility and effectiveness of plans for dissemination of project results is described.
7. The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

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

Reviewers will consider the extent to which:

1. Plans for exploring future sources of potential funding for support of the community prevention rotation for Primary Care Community Prevention Track residents or sources for continuing the increased enrollment and graduation for Primary Care Obstetrics Track fellowship fellows are specific.
2. Proposed timetable for becoming self-sufficient is appropriate.
3. Challenges that are likely to be encountered in sustaining the program and proposed approaches that will be used to resolve these challenges are addressed.
4. How the plan addressed sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, lessons learned through innovative activities, evaluation beyond the duration of the project and how the enhancements will be incorporated into the curriculum.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Resources, and Capabilities*

The reviewers will assess the extent to which the applicant documents the following organizational strengths:

1. The assets and past experience and capabilities of the applicant organization in conducting one of the two tracks requested in this NOFO and capacity to meet program requirements.
2. The mission of the institution, particularly related to service to rural and/or underserved populations and commitment to health equity.
3. Qualifications and capacity of the faculty to provide the didactic, field experiences, and clinical experiences for residents and fellows, evidence of linking training to best practices.
4. The project director has the required experience, dedicated percentage of time on project and is employed by the applicant organization as required by this NOFO.
5. Project personnel are qualified by training and/or experience to implement and carry out the training tracks described in this project. This will be evaluated both through the project narrative and the attachments. Documentation of a qualified staffing plan as Attachment 2 and project organizational chart as Attachment 4.
6. Evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty, staff and resources, and other partners providing support, provided in Attachments 3 and 9.
7. Documentation that the applicant organization has developed linkages for resident or fellow placements in rural and/or underserved areas as defined by this NOFO.
8. Documentation of institutional current resources to provide training and services through telemedicine and telehealth.
9. If funds are provided for some activities through sub awards or expended on contracts, extent to which the sponsoring institution will ensure that the funds are properly used and monitored, including policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.
10. Capacity of the inpatient and outpatient ambulatory sites to provide the type and volume of learning experiences needed for residents and fellows to meet the competencies required for the residents or fellows to meet the maternal health needs of the population to be served.
11. Past experience of the organization in placing graduates in rural and/or underserved areas who are prepared to meet the challenges of serving in low resource settings.

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

The reviewers will evaluate the extent to which the following factors are met:

1. The reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results.
2. Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work and well justified.
3. Key personnel have adequate time devoted to the project to achieve project objectives.
4. Resident and fellow stipends are reasonable and supportive of the 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 consider assessment of risk and the other pre-award activities described in Section 3 below.

### **Funding Priorities (5 points)**

This program includes a funding priority, as authorized by Section 747 of the PHS Act. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff will review and determine if the priority is met. The PCTE-CPMH Program has one funding priority. You will be awarded five (5) priority points total if you train residents in rural areas, including for Tribes or Tribal Organizations in such areas. Partial points will not be awarded.

#### **Qualification:**

In order to qualify for this priority, applicants will need to demonstrate that you train residents in rural areas by providing the following documentation:

- 1) residency program accreditation as Attachment 10 and
- 2) at least one of the clinical sites listed in Attachment 11 is rural as defined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer <https://data.hrsa.gov/tools/rural-health>.

Applicants will not receive funding priority points for this priority if (1) they fail to include the specific addresses for the clinical training sites in attachment 11; (2) the address of the training site is not found in the Rural Health Grants Eligibility Analyzer. All data is subject to verification.

## **Funding Preference**

This program provides a funding preference for some applicants as authorized by Section 791 of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference and will grant it to any qualified applicant that demonstrates they meet one of the criteria for the preference. The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review group.

Applicants must clearly indicate the basis for which they are requesting the funding preference in the Project Abstract and provide supporting documentation in Attachment 7.

### ***Qualification 1: High MUC Placement Rate***

Qualification 1 has a high rate for placing residency graduates in practice settings having the principal focus of serving medically underserved communities (MUC) and individuals.

To qualify for High MUC Placement Rate, an applicant must demonstrate that the percentage of graduates placed in practice settings serving MUC for Academic Year (AY) 2018-2019 and AY 2019-2020 is greater than or equal to fifty (50) percent of all graduates.

For this NOFO, a MUC is defined as a:

1. Health Professional Shortage Area
2. Medically Underserved Area
3. Medically Underserved Population or  
Governor's Certified Shortage Area for Rural Health Clinic purposes

Use the following link to document the federal designation(s) used to determine program graduate's practice in medically underserved communities:

<https://data.hrsa.gov/>.

Include the documentation, request for the funding preference and basis for the request in **Attachment 7**.

$$\text{High Rate} = \frac{\begin{array}{c} \# \text{ of Graduates in AY18-19 Employed in MUCs} \\ \text{Plus} \\ \# \text{ of Graduates in AY19-20 Employed in MUCs} \\ \hline \end{array}}{\begin{array}{c} \text{Total \# of Graduates in AY 18-19} \\ \text{Plus} \\ \text{Total \# of Graduates in AY 19-20} \end{array}} \times 100$$

Failure to provide all required information will result in not meeting the funding preference.

**Qualification 2: Significant MUC Placement Rate Increase**

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

To qualify for Significant MUC Placement Rate Increase, an applicant must demonstrate a twenty five (25) percent increase of placing graduates in medically underserved communities from **AY 2018-2019 to AY 2019-2020**. Applicants who wish to request funding preference under Qualification 2 must submit as **Attachment 7**.

$$\text{Significant Increase} = \frac{\begin{array}{c} \# \text{ of Graduates} \\ \text{in AY 19-20} \\ \text{Employed in MUCs} \\ \hline \end{array}}{\begin{array}{c} \text{Total \# of} \\ \text{Graduates} \\ \text{in AY 19-20} \end{array}} \text{ Minus } \frac{\begin{array}{c} \# \text{ of Graduates} \\ \text{in AY 18-19} \\ \text{Employed in MUCs} \\ \hline \end{array}}{\begin{array}{c} \text{Total \# of} \\ \text{Graduates} \\ \text{in AY 18-19} \end{array}} \times 100$$

**Qualification 3: New Program**

Qualification 3 serves as a pathway for new programs (defined in Section 791(c) (2) as those having graduated fewer than three classes) to compete equitably. New programs that meet at least four of the criteria described under Qualification 3 below shall qualify for a funding preference under this section.

New Program means residency or fellowship program that has graduated/completed less than three classes. New “tracks,” such as primary care or rural tracks within existing residency programs DO NOT qualify under either the MUC or the New Training Program funding preference qualification.

Applicants who wish to request funding preference under Qualification 3 are to submit as **Attachment 7** documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria. New residency programs as defined above can qualify for the funding preference if they meet **at least four** of the following criteria, and have completed training for less than three consecutive classes:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

### **Funding Special Considerations and Other Factors**

HRSA also will aim for a proportionate distribution of awards across the two tracks based on the number of eligible applications received and recommended for funding by the objective review committee. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

While you can submit multiple applications, no more than two awards will be made per institution. If two awards are made to an institution, they will be in different tracks.

### **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 July 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.

### Requirements of Sub awards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to sub recipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded sub recipients. 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 sub recipient also are subject to the federal government's copyright license and data rights.

### Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46),



available online at  
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

### 3. Reporting

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

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that 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. In addition, you must submit a Quarterly Performance Update (QPU) to HRSA via the EHBs at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

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

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

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

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

Further information will be provided in the NOA.

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

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

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  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane

Rockville, MD 20857  
Telephone: (301) 443-2353  
Email: [kross@hrsa.gov](mailto:kross@hrsa.gov)

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

Dr. Irene Sandvold, Project Officer:  
Attn: PCTE-CPMH Program  
Bureau of Health Workforce  
Health Resources and Services Administration  
5600 Fishers Lane, Room 15N152  
Rockville, MD 20857  
Telephone: (301) 443-2295  
Fax: (301) 443-0162  
Email: [isandvold@hrsa.gov](mailto:isandvold@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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in 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(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for

applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

## **Additional Resources**


Additional information on telehealth can be found at <https://telehealth.hhs.gov/>.

Rural Health: [www.ruralgme.org](http://www.ruralgme.org)

Telehealth: [Regional Telehealth Resource Centers](#), provides technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.

[Telehealth Resource Centers \(TRCs\)](#) FORHP supports TRCs, which provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care in remote areas.

[Grant Profiles of Office for the Advancement of Telehealth \(OAT\) 2018](#)  
(PDF - 3.6 MB) These profiles provide an overview of the 57 telehealth and telemedicine projects administered during this period.

[The Role of Telehealth in an Evolving Health Care Environment](#)  is a FORHP-commissioned report from the Institutes of Medicine on how telehealth technology can fit into the U.S. health care system.

## **Tips for Writing a Strong Application**

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

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

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