U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Medicine and Dentistry

Medical Student Education Program

Funding Opportunity Number: HRSA-19-101
Funding Opportunity Type: New

Assistance Listings (CFDA) Number 93.680

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: June 14, 2019

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

Issuance Date: April 15, 2019

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Authority: Division B, Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Medical Student Education Program (MSE). The purpose of the MSE Program is to provide grants to public institutions of higher education to expand or support graduate education for medical students preparing to become physicians in the top quintile of states with a projected primary care provider shortage in 2025.[1] The program is designed to prepare and encourage medical students who are training in the most underserved states to choose residencies and careers in primary care that serve tribal communities, rural communities, and/or medically underserved communities (MUCs) after they graduate. Priority is given to applications from universities in states with the greatest number of federally-recognized tribes and from public universities with demonstrated private-public partnerships.

Funding Opportunity Title:	Medical Student Education Program
Funding Opportunity Number:	HRSA-19-101
Due Date for Applications:	June 14, 2019
Anticipated Total Available FY19 - FY22 Funding:	$23,750,000
Estimated Number and Type of Awards:	Up to 5 Grants
Estimated Award Amount:	Not less than $1,000,000 per year; but not more than $1,180,000 per year
Cost Sharing/Match Required:	Yes. 10 percent matching of the total annual amount of federal funds each year.
Period of Performance:	September 1, 2019 through August 31, 2023 (4 years)
Eligible Applicants:	Awards are limited to the 12 public colleges of medicine in Mississippi, Alabama, Kentucky, Oklahoma, Utah, Arkansas, Missouri, and Indiana. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Accessed: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf.

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 Notice of Funding Opportunity (NOFO) to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

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

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Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Medical Student Education (MSE) program.

Program Purpose

The purpose of the MSE Program is to provide grants to public institutions of higher education to expand or support graduate education for medical students preparing to become physicians in the top quintile of states with a projected primary care provider shortage in 2025.[2] The program is designed to prepare and encourage medical students training in the most underserved states to choose residencies and careers in primary care that serve tribal communities, rural communities, and/or medically underserved communities (MUCs) after they graduate. This will be accomplished by supporting the development of medical school curricula, clinical training site partnerships, and faculty training programs, with the goal of educating medical students who are likely to choose career paths in primary care, especially for tribal communities, rural communities, and/or MUCs.

Program Goal

The overarching goal of the MSE Program is to increase the number of primary care physicians who practice in underserved communities in top quintile of states with a projected primary care provider shortage in 2025.

Award recipients must develop and implement new and/or expanded preclinical and clinical medical school curricula/training tracks/branch campuses that will prepare medical students to acquire the knowledge, skills, and abilities to assess and address the primary care needs of individuals living in states with primary care shortages, especially within tribal communities, rural communities, and/or MUCs. Curricula should, to the extent possible, include:

- education on identifying and addressing population health needs;
- consideration of social determinant of health factors in patient care plan development;
- enhancement of student cultural and linguistic competency;
- integration of patient behavioral health care into primary care practice (including prevention and treatment of opioid and other substance use disorders);
- use of telehealth technology;
- health systems-level education – such as work in transforming/transformed practice environments (i.e., those enhancing patient experiences, improving care quality and population health, reducing costs, and improving the work life of health care provider teams);
- care for vulnerable populations; and

[2] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Accessed: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf.

- practice within tribal communities, rural communities, and/or MUCs

Curricula should focus on preparing medical students for a transition into primary care residency training and future practice, enhancing their aptitude in providing care to underserved, high-need patient populations, as well as preparing them to effectively deliver high quality primary care services in resource-limited settings. Award recipients will be expected to see an increase in their rates of graduates entering primary care residency programs that are in and/or primarily serve rural and other underserved populations.

Program Objectives

- Grow the primary care physician workforce in tribal communities, rural communities, and/or MUCs by strengthening medical school programs in these areas.
- Encourage practice transformation, which includes educational and training activities that target the specific skills and competencies needed to prepare medical students to work and practice in tribal communities, rural communities, and/or MUCs.
- Recruit and retain medical students from tribal communities, rural communities, and/or MUCs and encourage primary care residency programs.
- Develop and implement educational and training activities for medical students through strategic partnerships.

Funding Priorities

HRSA will give priority to:

- Applications from universities located in states with the greatest number of federally-recognized tribes based on the Bureau of Indian Affairs (BIA)'s list of recognized tribal entities.[3]
- Applications from public universities with demonstrated public-private partnerships.

The instructions and criteria for each funding priority are provided in Section V.2.

2. Background

This program is authorized by Division B, Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245).

Research shows that a strong primary care foundation is critical for health care system performance and improved health of the population.[4] Access to high quality primary

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[3] Department of the Interior. Bureau of Indian Affairs. "Indian Entities Recognized and Eligible To Receive Services from the United States Bureau of Indian Affairs". 83 FR 34863. Accessed: https://www.gpo.gov/fdsys/pkg/FR-2018-07-23/pdf/2018-15679.pdf. List by State at the National Conference of State Legislators, Updated November 2018. Accessed: http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx.

[4] Starfield B., Shi I, Macinko, J. Contributions of primary care to health systems and health. Millbank Quarterly 2005, 83: 457-502. https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2005.00409.x

care is also associated with improved health outcomes and lower costs.[5] However, substantial disparities exist in the distribution of primary care providers. Shortages of health care providers affect rural areas more than other more densely populated areas, and these areas often face significant health challenges and health disparities.[6,7]

American Indians and Alaska Natives tend to have lower health status, lower life expectancy, and a disproportionate disease burden when compared to other Americans which may be due to inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. [8] While the demand for health professionals in tribal communities is high, the vacancy and turnover rates for these positions are also high. One reason is that most of the health care professionals practicing in tribal communities tend to come from off reservation and research shows that there is a high turnover rate for non-Native health professionals working on reservations.[9] Having training experiences in, living in, and being from tribal communities increases cultural awareness and can further influence career choice for physicians to better serve tribal populations.

A number of strategies are effective in promoting providers to choose careers in primary care and in rural and underserved areas. These include, but are not limited to, exposure to role models, health professional school culture, education in public institutions, positive training experiences in rural and underserved communities, and practice location.[10,11] Studies indicate that exposure to rural training can also increase recruitment and retention; however, the bulk of training continues to take place in urban and suburban areas.[12,13,14] Research shows that there is a relationship between physician characteristics (such as being part of an underrepresented minority or growing up in a rural area) and eventual practice location. Therefore recruiting these students and exposing them to trainings in community and underserved settings will

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[5] Chang CH, O'Malley AJ, Goodman DC. Association between Temporal Changes in Primary Care Workforce and Patient Outcomes. Health Services Research 2017; 52:634–55.

[6] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Accessed: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf.

[7] Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Voong, A. M., Kasha, B. A., Schulze, A. and Held user, J. W. (2015), Rural Healthy People 2020: New Decade, Same Challenges. The Journal of Rural Health, 31: 326–333. doi:10.1111/jrh.12116.

[8] Indian Health Services Fact Sheets: Indian Health Disparities. (April 2018). Indian Health Services. Retrieved March 7, 2019 at https://www.ihs.gov/newsroom/factsheets/disparities/.

[9] Katz, Janet et al. Retention of Native American Nurses Working in Their Communities (October 2010). Journal of Transcultural Nursing, Volume 21(4), October 2010, p 393–401.

[10] Washko, M. M., Snyder, J. E., & Zangaro, G. (2015). Where do physicians train? Investigating public and private institutional pipelines. Health Affairs, 34(5), 852-856. https://doi.org/10.1377/hlthaff.2014.1356.

[11] Connelly MT, et al. Variation in Predictors of Primary Care Career Choice by Year and Stage of Training. JGIM. 2003; 18(3): 159-69.

[12] Rabinowitz, H., Diamond, J., Markham, F., Wortman J. (2008). Medical School Programs to Increase the Rural Physician Supply: A Systematic Review and Projected Impact of Widespread Replication. Academic Medicine; 83(3): 235-243.

[13] Patterson DG, Andrilla CHA, Larson EH. Graduates of Rural-centric Family Medicine Residencies: Determinants of Rural and Urban Practice. Policy Brief #159. Seattle, WA: WWAMI Rural Health Center, University of Washington, July 2016.

[14] Patterson DG, Schmitz D, Longenecker R, Andrilla CHA. Family medicine Rural Training Track residencies: 2008-2015 graduate outcomes. Seattle, WA: WWAMI Rural Health Research Center, University of Washington. Feb 2016.

more likely result in them practicing in similar settings after graduation.[15,16,17] Recent studies have also noted that interprofessional experiences in primary care didactic and clinical practice have a positive effect on health care outcomes and student selection of careers in primary care. These curricular additions with multiple disciplines have been shown to affect choice of careers in primary care.[18] There is also increasing evidence that interprofessional education and practice results in increased collaboration and coordination that improves health outcomes, increases provider and consumer satisfaction, and improves coordination by effective use of resources.

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 MSE Program for Fiscal Year 2019.

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.

Health Professional means an individual who has received an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or post-baccalaureate training in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related services.

Interprofessional, team-based care means a group of two or more health care providers from different disciplines, direct care workers, and other caregivers who work together to meet the needs of a patient population. Work is divided based on the scope of practice of the included professions, information is shared, the work of each team member is supported, and processes and interventions are coordinated to provide services and programs to meet the patient's goals. For the purposes of this program, medicine must be one of the professions included in the interprofessional team. (See also "Team Based Care", in the Health Workforce Glossary).

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 MUCs.

Partner/Consortium means an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of educational and training programs and/or activities.

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[15] Phillips, RL; Petterson, S; Bazemore, A. Do Residents Who Train in Safety Net Settings Return for Practice? Academic Medicine: 2013; 88(12): 1934–1940.

[16] Goodfellow A, Ulloa J, Dowling P, Talamantes E, Chheda Somil, Bone C, Moreno G. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. 2016, Academic Medicine.

[17] Mc-Ellistrem-Evenson, A. (2011). Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us?: A Review of Rural Health Research Center Literature, 2000-2010.

[18] William R. Phillips, MD, MPH; Toby Keys, MA, MPH Interprofessional Course Curriculum and Primary Care, Family Medicine 2018; 15 (3): 217-222. Vol. 50 No. 3 March 2018.

Practice Transformation means health systems-level education – such as exposure to transforming/transformed practice environments (i.e., those enhancing patient experiences, improving care quality and population health, reducing costs, and improving the work life of health care provider teams). Practice Transformation aims to fully support quality improvement and patient-centered care through goal-setting; leadership; practice facilitation; workflow changes; individual, community and population level approaches; measuring outcomes; and adapting organizational tools and processes to support new team-based models of care delivery.

Stipend means a payment to an individual to help meet that individual's living expenses during the training period. The receipt of a stipend under this program does not create an employment relationship with either the federal government or the sponsoring organization/sub recipient.

Telehealth means the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. For medical student education, the term "telehealth" may include activities such as teleprecepting, telementoring and/or distance learning.

Vulnerable Populations means groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, or other risk factors associated with sex and gender.

I. Award Information

1. Type of Application and Award

Type of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $23,750,000 to be available in fiscal years 2019 – 2022 to fund up to five (5) grants among the 12 eligible medical schools. You may apply for an amount of **not less than** $1,000,000 per year, to a maximum of $1,180,000 per year. The period of performance is four (4) years, from September 1, 2019 through August 31, 2023. Funding is available beyond the first year, subject to satisfactory award recipient performance and a decision that continued funding is in the best interest of the Federal Government.

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

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 exclusive of equipment, tuition and fees, and sub-awards/subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

II. Eligibility Information

1. Eligible Applicants

The MSE Program's authorization requires the Secretary to give priority to public institutions of higher education located in States with a projected primary care provider shortage in 2025, as determined by the Secretary, and awards are limited to such public institutions of higher education in the top quintile of States with a projected primary care provider shortage in 2025.

In determining the eligible applicants for the MSE Program, HRSA used the November 2016 "*State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025*" report by HRSA's National Center for Health Workforce Analysis to identify the states with a projected primary care provider shortage in 2025. HRSA ranked states based on their projected levels of primary care provider "adequacy"[19] in 2025, and 37 states are projected to have a shortage of primary care physicians.[20] The report notes that using a percentage of the state's 2025 demand (i.e., adequacy) helps to inform comparisons of differences between supply and demand across states by considering how the size of each state's surplus or shortage relates to that state's underlying provider demand. A negative adequacy indicates a likely shortage in 2025 and reflects the percentage of 2025 demand that is unmet.

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[19] Adequacy is defined as the projected 2025 state-level provider shortage or surplus expressed as a percentage of that state's 2025 provider demand. A negative adequacy indicates a shortage (i.e., supply is less than demand) while a positive adequacy indicates a surplus (i.e., supply is greater than demand).

[20] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA, 2015. "State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025." November 2016. Accessed: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf.

The top quintile of the 37 states with a shortage in 2025 would be 7.4 states. However, because the difference in adequacy scores between the seventh and eighth position was less than one percentage point, HRSA rounded up to include the top eight states: Mississippi, Alabama, Kentucky, Oklahoma, Utah, Arkansas, Missouri, and Indiana. HRSA then identified accredited Osteopathic and Allopathic medical schools in those eight states using the Commission on Osteopathic College Accreditation (COCA) and Liaison Committee on Medical Education (LCME), selecting only those that identified as public, non-profit colleges of medicine.[21] This resulted in 12 public, non-profit colleges of medicine within the eight states that are potentially eligible for MSE funding.

Therefore, HRSA has determined that the eligible applicants for this funding opportunity are limited to accredited public colleges of medicine in Mississippi, Alabama, Kentucky, Oklahoma, Utah, Arkansas, Missouri, and Indiana. HRSA has identified the following accredited public colleges of medicine in these eight states in the table below.

The listing below is not intended to foreclose applications by applicants that can demonstrate to HRSA that they are accredited public colleges of medicine in one of the eight listed states. HRSA may consider any application that does not meet the eligible applicant requirement non-responsive and may consider it ineligible for funding under this notice.

State	Entity	Location
Alabama	University of Alabama School of Medicine	Birmingham
Alabama	University of South Alabama College of Medicine	Mobile
Arkansas	University of Arkansas for Medical Sciences College of Medicine	Little Rock
Indiana	Indiana University School of Medicine	Indianapolis
Kentucky	University of Kentucky College of Medicine	Lexington
Kentucky	University of Louisville School of Medicine	Louisville
Mississippi	University of Mississippi School of Medicine	Jackson
Missouri	University of Missouri-Columbia School of Medicine	Columbia
Missouri	University of Missouri-Kansas City School of Medicine	Kansas City
Oklahoma	University of Oklahoma College of Medicine	Oklahoma City
Oklahoma	Oklahoma State University College of Osteopathic Medicine	Tulsa
Utah	University of Utah School of Medicine	Salt Lake City

[21] For allopathic medical schools, HRSA used the Liaison Committee on Medical Education Directory of Accredited MD Programs in the United States. Access: http://lcme.org/directory/accredited-u-s-programs. For Public/Private Status HRSA used the Tuition and Student Fees workbook from Association of American Medical Colleges. Access: https://www.aamc.org/data/tuitionandstudentfees.
For osteopathic medical schools and Public/Private status, HRSA used the American Osteopathic Association's Commission on Osteopathic College Accreditation, 2018-2019 Osteopathic Medical College Information Book. Access: https://www.aacom.org/news-and-events/publications/2018-2019_cib.

2. Cost Sharing/Matching

The MSE Program's authorization requires an amount not less than ten percent matching of the total annual amount of federal funds provided each year in the grant to each award recipient. Higher degrees of matched funding are allowable and may help award recipients develop more transformative plans and achieve greater health workforce outcomes. Matching funds are any non-federal funds that contribute to the project purpose and objectives, such as in-kind faculty contributions, facilities, and contributions from partnerships (45 CFR 75.306). Applications that fail to address cost sharing/matching requirements will be deemed ineligible and not considered for funding under this notice.

3. Other

Ceiling Amount

This award may not be less than $1,000,000 per year and there is a ceiling amount of no more than $1,180,000 per year. HRSA may consider any application that is below $1,000,000 annual budget or exceeds the ceiling amount as non-responsive and may consider it ineligible for funding under this notice.

Deadline

The deadline for this NOFO is June 14, 2019 at 11:59 p.m. Eastern Time. HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

Multiple Applications

NOTE: Multiple applications from an organization with the same DUNS number are not allowable. No more than one application per organization or campus with the same DUNS number will be funded. The applicant may include a request for resources for a branch campus or similar entity as part of their application.

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

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

Student/faculty eligibility requirements

A student or faculty member receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.

III. 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 NOFO following the directions provided at https://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 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 limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You, on behalf of the applicant organization certify, 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 any of the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

Program Requirements

Applicants must:

- Develop and implement new and/or expanded longitudinal, interprofessional team-based program curricula that implements a defined set of clinical, didactic, and community-based training activities with an emphasis on practicing in tribal communities, rural communities and/or MUCs, and how to meet the needs of vulnerable populations.

- Focus on developing and implementing educational and training curricula that teach the broad skill set required for primary care practice, including caring for individuals from tribal communities, rural communities, and/or MUCs.

- Support or expand community-based experiential training in tribal communities, rural communities, and/or MUCs through field placements and related types of clinical experiences for the medical students. Each training experience must include a formal, didactic component addressing the Core topic areas. (See below for a list of Core Topic areas).

- Develop and operate a program for the training of medical students who will provide primary health care services.

- Increase the capacity of the faculty who train the medical students in the Core Topic Areas. Faculty development activities may be needed to carry out the program improvement and activities such as expanding or developing educational opportunities around interprofessional team based care, telehealth, opioid and other substance use disorders, mental health screening, and treatment in primary care. Faculty may need applied experience in longitudinal clinical education at the partner site with an emphasis in tribal communities, rural

communities, and/or MUCs in order to implement these learning experiences for their medical students.

- Ensure all educational and training activities expand or support new educational programming for students in the following six (6) Core Topic Areas:
    - Interprofessional Education (interdisciplinary training), which supports a coordinated, patient-centered model of health care that involves an understanding of the contributions of multiple health care professionals;
    - Behavioral Health Integration which promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health, depression, opioid and other substance use disorders who seek care in the primary care setting;
    - Social Determinants of Health which includes five key areas (determinants) [Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment] and their impact on health;
    - Cultural and linguistic competency which seeks to improve individual health and build healthy communities by training health care providers to recognize and address the unique culture, language and health literacy of multiple consumers and communities and provide culturally and linguistically competent health care (e.g., National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care);
    - Practice transformation which includes educational and training activities which target the specific skills and competencies needed to prepare students and practicing health professionals to effectively practice in a transforming health care system; and
    - Use of Telehealth Technology such as teleprecepting, telementoring, distance learning, live video, remote patient monitoring, or other technology, as appropriate.

- Develop and implement educational and training activities through new or expanded scope of work for existing, strategic partnerships between academia, federally-recognized Tribes, tribal colleges, tribal organizations, primary care delivery sites or systems, and/or community-based organization*s* to educate and train medical students to provide care that improves health outcomes for individuals living in tribal communities, rural communities, and/or MUCs.
    - Applicants who do not have an existing partnership are required to provide evidence through a memorandum of understanding that they have a plan to establish agreements with one or more partners within 6 months of the project start date. The partnership must be with an organization that supports the goals and purpose of the project and the medical school program. Applicants also need to describe the proposed partners and document their agreement through letters of support and memoranda of agreement, including any contributions (either in kind or subawards). Applicants must provide a detailed budget and justification narrative for all subawards.
    - So long as partnership activities are not already being supported by the Federal Government through other programs/means of federal support,

partnering organizations may include (but are not limited to) the following organizations:

- State-level entities such as State and Local Workforce Agencies, federally-recognized tribes, Primary Care Associations (PCAs), Primary Care Offices (PCOs), State Offices of Rural Health (SORH), State Minority Health Contacts, and State Education Agencies.
- Health Care Safety Net Sites (e.g., Federally-Qualified Health Centers (FQHCs) and Look-Alikes, including school-based health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers), Native Hawaiian Health Centers, outpatient health clinics associated with tribal or Urban Indian Health Organizations, Rural Health Clinics, Critical Access Hospitals (CAH), and Disproportionate Share Hospitals.
- Programs such as HRSA's Health Careers Opportunity Programs (HCOPs), Centers of Excellence (COE) programs, and Area Health Education Centers (AHECs), as well as other recruitment programs through health professions schools and educational institutions.
- Minority-serving institutions such as Historically Black Colleges and Universities, Hispanic Serving Institutions, and tribal Colleges and Universities in the state and region.

- Develop a plan to collect post-graduation employment demographics with graduates from medical school for at least 1 year after graduation and after they complete their residency. As a best practice, award recipients should also encourage medical students to apply for a National Provider Identifier (NPI)[22] number and collect the NPI numbers of medical students who receive stipends/traineeship funds. Medical students are typically eligible to obtain NPI numbers, which are useful for HRSA and the program in tracking the students and graduates of the program for determining the impact of the HRSA-funded program on increasing access to primary care services to tribal communities, rural communities, and/or MUCs. In circumstances where the medical student does not have an NPI, HRSA will collect the Health Provider taxonomy coding in lieu of the NPI.

- Provide, implement, and evaluate methods to improve the recruitment and retention of medical students from tribal communities, rural communities, and/or MUCs.

[22] For more information on the National Provider Identifier please visit: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/ and https://nppes.cms.hhs.gov.

i. Project Abstract

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

In addition to the instructions provided in the guide, please include the following information at the top of the abstract:

- Project Title
- Program Name**:** Medical Student Education Program
- Applicant Organization Name
- Address
- Project Director Name and credentials
- Contact Phone Number
- Email Address
- Website Address, if applicable
- Number of Medical Students Trainees projected per Year
- Period of performance
- Names and types of partners (academic program, primary care delivery sites or systems, community-based organizations)

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project; and
4. Request for funding priority, if applicable.

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 communities that trainees would ultimately serve.

  - Briefly describe the purpose of your proposed project and describe how the shortages and need for additional primary care physicians in the state, especially for primary care physicians in tribal communities, rural communities, and/or MUCs, is impacting the communities that your medical school is serving. Describe the gaps in outreach and comprehensive care

that will need to be added to the services. To the extent possible, include data on the demographics, social determinants of health/health disparities faced by, and health care needs of the population served, with a focus on tribal communities, rural communities, and/or MUCs.

- Describe the unmet education and training needs of the medical students that will participate in this project related to interprofessional, team-based didactic and experiential learning, exposure to telehealth, opioid and other substance use disorder prevention and treatment, mental health assessment, and primary mental health care.
- Describe the characteristics of any current existing partners that align with the purposes of this project and additional needs to add to their scope of work or how new partnerships will be created. Applicants may qualify for a funding priority on the basis of their description of existing public-private partnerships that contribute to the goals of the program. All applicants must document plans for developing new partners or expanding existing ones.

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).

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.). You must:

- 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. Be clear about how these proposed activities, that potentially will be made possible through HRSA support, will be new or enhanced from what is already being done at the institution as a direct result of receiving funding.
- Describe the timeframes, deliverables, indicators and key partners required during the award period of performance to address each of the needs described in the Purpose and Need section.
- Describe curriculum enhancements and activities to develop clinical sites in tribal communities, rural communities, and/or MUCs.
- Describe how you will ensure that new and/or expanded clinical learning sites will provide high quality educational experiences for students.
- Describe recruitment and retention strategies and activities to increase enrollment and graduation of medical students from tribal, rural and/or MUC backgrounds. This may include collaboration with tribal colleges and programs aimed at promoting health career opportunities for pre-medical students.
- Describe meaningful support and collaboration with current or planned key partners including federally-recognized tribes, tribal colleges, tribal organizations, primary care delivery sites and systems, PCOs, PCAs, HCOPs, COEs, AHECs, SORH, and/or community-based organizations required during the period of performance in planning, designing and

implementing all activities, and, further, the extent to which these contributors reflect the populations and communities served. An existing partnership is not a requirement for the program, however it may enable the applicant to qualify for a priority. All applicants either need to expand or strengthen existing partnerships and/or to add new partners that meet the purpose of the project.
    - If applicable, provide a copy of the memorandum of understanding and/or letter of support for each current existing partner and for at least one that you plan to develop in the future. Include documentation of the specific contribution that each partner will make to the project.
    - If new partnerships are being formed, provide evidence of their agreement and their specific planned contribution.
- Describe how specific telehealth modalities are appropriate for the training of the medical students, including, if applicable, teleprecepting, telementoring and/or distance learning, and how these telehealth modalities will be used to provide training and education.
- Describe how you will implement formal mechanisms for feedback and evaluation (and institute improvements/remediation, as needed), specifically related to the educational value of clinical training experience for students at the partner site(s). This should include an assessment of student experiences and academic progress. Describe the frequency and depth of communication planned between partner sites and the main academic institution related to program development, curricular enhancements, and use of Rapid Cycle Quality Improvement (RCQI) methods. Describe how the partners will communicate and coordinate with the main academic institution around project planning, progress, evaluations, and resolutions.

b) METHODOLOGY - Corresponds to Section V's Review Criterion #2 (b).

Propose methods that you will use to address the stated needs and meet each of the previously described program goals and objectives in this NOFO.

In the Methodology section of your application, you must describe:

- Your goals, objectives, and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Project objectives must be specific, measurable, achievable, relevant and timely.
- How you will address the program objectives listed in the Purpose section and the Program Requirements in the Program Specific Instructions section (including your activities and methods).
- Activities to meet objectives including the roles of partners, system level initiatives, the educational/teaching strategies to be implemented, and curricula/training materials and incorporation of new and/or expanded longitudinal primary care learning experiences that will be used to accomplish the objectives of the project.
- How you will enhance current curriculum or develop and implement educational and training curricula that teach the broad skill set required for primary care practice (See the six (6) Core Topics), including caring for vulnerable populations, and working in rural, underserved, and tribal communities.

- How you will, to the extent feasible, advance HRSA's priority to combat the opioid epidemic in your developed curricula that exposes medical students to the following and provides didactic and clinical learning experiences, including:
    - enhanced training and clinical experiences related to the prevention and treatment of opioid and other substance use disorders, including but not limited to, Medication Assisted Treatment (MAT), and
    - integration of evidence-based trainings that will enable future primary care physicians to effectively screen, assess, intervene, and refer patients to specialized treatment for mental health issues, as appropriate and indicated.
- The key activities to enhance training, particularly in tribal communities, rural communities, and/or MUCs including any enhancements to the clinical learning sites, and any other activities to increase the number of graduates who will select a primary care residency to practice primary care, particularly in tribal communities, rural communities, and/or MUCs.
- How you will prepare new clinical sites for student learning in teams and longitudinal clinical experiences.
- How you plan to enhance education and training to interprofessional teams in partnering, education, and training efforts. Include in your discussion how interprofessional partnering, education, and training will affect outcomes in family and individual centered clinical practice, health status, and improvement in the workforce.
- How your program will work with and complement the efforts of other partners, including federally-funded partners that may be complementary to this project such as links with HRSA's HCOP, COE program, AHEC program, Health Center Program, National Health Service Corps (NHSC) scholarship program, as well as Indian Health Service (IHS) scholarships or IHS Extern program.

Logic Model

You must 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. Information about logic models may be found in Section VIII of the NOFO. For the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be trained);
- 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).

The Work Plan, which summarizes the work plan components, must be uploaded into Attachment 1. The Logic Model must be uploaded into Attachment 3.

Refer to Section VIII of this NOFO for further information.

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 including, but not limited to:

- Plans to ensure that longitudinal clinical experiences support the stated curriculum.
- Plans to ensure the quality of clinical and educational experiences.
- Plans for resolving challenges with any partnerships to ensure all students receive quality guidance.

- *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)

  Program Performance Evaluation: You must describe the plan for program performance evaluation. 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 staff and organizational support, collaborative partners, budget, and other resources); key processes; evaluation questions; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. In the Attachments section (IV. 2. v., Attachment 1), you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

  We encourage applicants to include a plan for evaluating and reporting on graduate outcomes of medical school graduates going into residency in primary care (family medicine, internal medicine, pediatrics, and medicine-pediatrics), including in rural and underserved practices and tribal facilities after completing residency; and any improvements in patient access, quality of care, and cost effectiveness, and provider wellness, as a result of the training and medical student-faculty projects. You are encouraged to align your outcome measures with existing measures, and report outcome and impact findings through public reports, presentations, and/or publications.

You must include a plan for continuous quality improvement, such as RCQI, for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting project objectives. Describe how you will implement necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/.

- 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 type of data forms for similar programs: http://bhw.hrsa.gov/grants/reporting/index.html (Refer to the Pre-Doctoral Training in Primary Care program report variables as an example).
- Describe the data collection plan to collect, manage, analyze and track 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.
- For implementation of the program performance evaluation and HRSA's performance measures requirements, describe current experience, skills, and knowledge of the evaluation team, 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.
- Describe 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.
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe your process to collect NPI of students who receive stipend/traineeship funds for the purpose of collecting post-graduation employment outcomes and demographics.
- For any opioid and other substance use disorder training and clinical learning site enhancement activities, your evaluation plan must assess didactic and clinical learning experiences that expose the medical students to prevention and treatment, number and duration of experiences, and any faculty development or MAT certification that is achieved.

Performance Reporting Plan: All award recipients are required to collect and report the counts of individuals who have been directly and indirectly impacted by the award. You must describe your capacity to collect and report data including, but not limited to, the following on an annual basis. This data may be collected in the performance reporting forms or in the non-competing continuation report.

- Training program characteristics;
- Efforts to enhance recruitment/retention of medical students from tribal communities, rural communities and MUCs;
- Number of and demographic characteristics of medical students;

- The number, types, and characteristics of clinical sites where the MSE-supported educational activities for medical students will occur;
- Number of medical students engaged in each proposed MSE-supported activity;
- Number of graduating medical students that pursue residencies by chosen specialty – specifically with the numbers/proportion of the total graduating class entering the primary care fields of family medicine, internal medicine, pediatrics and medicine-pediatrics – along with the name and location of their residency training program;
- Learning activities related to longitudinal clinical experiences – such as number of medical students who receive clinical experiences at the same setting over time, number of medical students and other primary care professional trainees involved in interprofessional team-based training, length of the longitudinal experience, total hours spent at a given setting/site;
- Characteristics of curriculum development work; and
- Characteristics of faculty professional development activities and continuing education activities that will promote achievement of MSE Program aims.

(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)

- You must 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 project, 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. Award recipients are expected to sustain key elements of their projects, e.g., teaching or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the populations served. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

- 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 conduct the program requirements and meet program expectations.
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs including funding of any subawards, so as to avoid audit findings.
- A project organizational chart is requested in Attachment 5. This chart should delineate the relationships, roles, and responsibilities of all partner

organizations, including primary care clinical training sites and interprofessional training program partners.
- 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 form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed THREE 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 the populations that are served by their programs.

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

overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

Your project will be supported by both the grant award and the non-federal matching funds. You must apply for **at least** $1,000,000 but no more than $1,180,000 of federal funding, plus you must also include 10 percent non-federal matching funds.

You will be using the SF Research and Related Budget (Total Fed + Non-Fed) form for this program to show both federal funds and non-federal matching funds (10 percent).

Cost Sharing/Matching
Cost sharing/matching **is required** for this program. The authorizing legislation requires not less than ten percent match in non-federal contributions for this grant each budget period. Applicant organizations must match at least 10 percent of federal funds provided under this grant either in cash or in-kind. In-kind contributions may include housing, equipment, and services and may be provided from state, local, or private sources.

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

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

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

Indirect costs under 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 subawards), and matching non-federal funds proposed for this project.

In addition, the MSE Program requires the following, which corresponds to Section V's Review Criterion:

Program Evaluation and Impact Costs: You must ensure that you have dedicated sufficient funds in your budget to conduct the required program evaluation and impact as described as outlined in *Section V's Review Criterion*.

Participant/Trainee Support Costs: If you have participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the

number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

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

Subawards/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that their institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. **Reminder**: Award recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the award recipient with their DUNS number.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** You must clearly label **each attachment with the attachment number and a name that clearly identifies its content**. Follow the numbering described below for each attachment.

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

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

Attachment 3: *Logic Model* (REQUIRED)
Include the required logic model in this attachment.

***Attachment 4**: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)* (REQUIRED)
Provide any documents that describe the reciprocal partnerships between your institution 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. Letters of agreement must be signed and dated. Include agreements with tribal organizations and facilities, PCA, PCO, and/or SORH, as applicable. Letters of Support should state what will be provided to the applicant if the application is funded such as dollars, space, staff, equipment, and personnel. Memoranda of Understanding and/or letter of agreement must be dated and signed by all parties.

Letters of agreement should include the following information:

- Role of each partner in the conduct of the proposed project, and how the expertise and resources of each partner complements those of other partners; and
- Evidence that the partners have jointly planned and will jointly conduct the proposed reciprocal partnership's activities.

***Attachment 5**: Project Organizational Chart* (REQUIRED)
Provide a one-page figure that depicts the organizational structure of the MSE project, which includes the relationships among the applicant organization and all members of the reciprocal partnership. The project's organizational chart is a diagram that shows the structure of the project and the relationships between principal staff and/or collaborators. Provide evidence of your formal partnerships. Include in the organizational chart graphics that demonstrate the roles, responsibilities, and functions of each member and/or partner. The organizational chart should include community stakeholders, providers, preceptors, faculty and students, clinical sites. Describe communication pathways to help inform the development of curriculum, training, and evaluation methodology. Provide this information as a flowchart detailing partnerships feedback loop and how it informs curricula, training, and methodology. Include agreed upon time table for regularly scheduled planning and evaluation meetings.

***Attachment 6:** Accreditation Documents* (REQUIRED)
You must provide (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required. If a partner institution holds the accreditation for the training program, a letter of agreement should be provided as well.

***Attachment 7**: Funding Priority* (OPTIONAL)
If you are requesting a priority, then please provide a statement that you are requesting a priority and which priority (or priorities) you are requesting. You may request more than one priority. Provide documentation to support the request(s). Please state how the priority(ies) is/are met, and include documentation to substantiate eligibility. See Section V.2 for details.

***Attachment 8**: Other Relevant Documents* (OPTIONAL)
Include here any other documents that are relevant to the application, including letters of support you wish to share. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *June 14, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

Medical Student Education Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You must request funding for a period of performance of up to 4 years, for an amount of **not less than** $1,000,000 per year, to a maximum of $1,180,000 (inclusive of direct and indirect costs) per year. Awards to support projects beyond the first budget period will be contingent upon satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

Funds may not be used for new construction or patient services.

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(s) 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.

IV. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

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

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

Reviewers will consider whether you have presented a clear purpose and evidence of a significant and compelling need for expanding or supporting enhanced training of medical students to become primary care clinicians. Reviewers will consider the extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality of and extent to which the application:

- Demonstrates how the project will help to address the significant unmet education and training needs of the state's primary care workforce and will meet the goals of improving access and outcomes for tribal communities, rural communities, and/or MUCs;
- Demonstrates significant unmet education and training needs related to interprofessional, team-based didactic and experiential learning exposure to telehealth, opioid and other substance use disorder prevention and treatment, mental health assessment and primary mental health care;
- Describes the needs of the clinical learning sites that will be enhanced through this project; and
- Describes how future or current partnership activities align with the purpose of the project and how any existing partnerships will be enhanced.

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 (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the concrete steps that can effectively be used to achieve those goals

and objectives. The description should include timeline, stakeholders, and a description of the populations and communities served.

Reviewers will consider the quality and effectiveness of your plans and the extent to which the application:

- Demonstrates appropriate activities, timeframes, deliverables, indicators and key partners to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section;
- Proposes a clear rationale for how the work plan is appropriate for the program design and how the targets fit into the overall timeline of project implementation;
- Identifies meaningful support and collaboration with key partners required during the period of performance 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;
- Proposes feasible, appropriate recruitment and retention strategies and activities to increase enrollment and graduation of medical students from rural communities, tribal communities, and/or MUCs.
- Describes how specific telehealth modalities are appropriate and feasible for the training of the medical students, including, if applicable, teleprecepting, telementoring and/or distance learning, and how these telehealth modalities will be used to provide training and education;
- Describes how new and/or expanded clinical learning sites will be held accountable for providing high quality educational experiences for students;
- Describes how curriculum additions, including agreements with proposed new clinical sites, are appropriate and effective (evidence-based) for preparing medical students to meet the purpose and objectives of the project;
- Describes how you will implement formal mechanisms for feedback and evaluation (and institute improvements/remediation, as needed), specifically related to the educational value of clinical training experience for students at the partner site(s) – including assessments of student experiences and academic progress, and the frequency and depth of communication planned between partner sites and the main academic institution related to program development, curricular enhancements, and utilization of RCQI methods.
- Describe how the partners will communicate and coordinate with the main academic institution around project planning, progress, evaluations, and resolutions.
- Describes how the existing and new partnerships will communicate and coordinate project planning, progress, evaluations, and resolutions and likelihood of effectiveness.
- Documents the strength of the relationship with the partner through:
    - information on a shared mission statement;
    - shared resources, such as staff, budget, space;
    - memorandum of agreement;
    - plans for a dedicated program coordinator either from the partner or the applicant;
    - opportunities for longitudinal clinical experiences at partner sites; how information is shared;
    - frequency of meetings;

- mechanisms to track processes, outputs and outcomes of the project;
- agreement to share in reporting;
- explanation of ongoing mechanisms that would improve the quality of the partnership and the clinical experiences; and
- activities that align with and support the purpose of the project.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the quality, relevance, appropriateness, feasibility and extent to which the application:

- Describes the project objectives that link to the program purpose and the stated needs, and that these are specific, measurable, achievable, relevant and timely;
- Describes realistic activities to meet each objective;
- Describes specific roles of existing and new partners, collaborators, system level initiatives, the educational/teaching strategies to be implemented, and curricula/training materials that will be used to accomplish the objectives of the project;
- Documents feasible and effective plans for teaching the medical students about care of tribal communities, rural communities, and/or MUCs;
- Describes plans to revise or update current curriculum or develop and implement new educational and training curricula which include the six Core Topic Areas that teach the broad skill set required for primary care practice. These include topics such as population health, addressing social determinants of health, strengthening cultural competency, integration of behavioral health into primary care (including opioid and other substance use disorder prevention and treatment), leveraging the use of telehealth technology to improve access to health care services, transforming the practice of medicine to increasingly shift the focus towards value, rather than quantity of care, interprofessional team based care, caring for vulnerable populations, and practicing in tribal communities, rural communities, and/or MUCs.
- Describes the key activities to enhance training, particularly in tribal communities, rural communities, and/or MUCs, including any transformations of the clinical learning sites, and any other activities to increase the number of graduates who will practice primary care, particularly in tribal, rural and underserved settings;
- Describes how the new clinical sites will be prepared to support student learning in teams and the new and/or expanded longitudinal experiences, as well as the effectiveness of the proposed activities to prepare the new sites to support student learning. Consider the plans for a program coordinator and faculty at the setting, and opportunities for interprofessional, team-based experiences;
- Describes plans to enhance education and training in interprofessional teams;
- Describes interprofessional partnering that includes federally-funded partners that are complementary to this project, such as links with HRSA's HCOP, COE program, AHEC program, Health Center Program, NHSC scholarship program, as well as IHS scholarships or IHS Extern program;
- Describes interprofessional education and training that affects outcomes in family and individual centered clinical practice, health status, and improvement in the workforce;

- Describes plans to recruit and retain students from tribal communities, rural communities, and/or MUCs into medical school;
- Provides an appropriate logic model that summarizes the connections between the:
    - Goals of the project (e.g., objectives, reasons for proposing the intervention);
    - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
    - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
    - Target population (e.g., the individuals to be trained);
    - 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).

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

Reviewers will consider the quality, relevance, and extent to which you:
- Demonstrate an understanding of potential obstacles and challenges, including with any relevant partnerships, during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise; and
- Demonstrate assurance of quality clinical and educational experiences.

Criterion 3: *IMPACT (30 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 (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*

Reviewers will assess the strength and effectiveness of the method proposed to monitor and evaluate the project results, which include the extent to which:
- Program objectives have been met and can be attributed to the project;
- The evaluation plan is capable of providing information to stakeholders to support the data collection, reporting, replication, extension, and sustainability of the program;
- The plan for data collection is comprehensive and has a plan to incorporate the requested data collected into program operations;
- The 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 you will collect and manage data in such a way that allows for accurate and timely reporting of HRSA required performance outcomes;
- The plan anticipates obstacles to the evaluation and proposes how to address those obstacles;

- Plans for disseminating project results are feasible and effective; and
- The plan describes the protocols/procedures for data collection by the organization and its partners.

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

The application will be evaluated on the extent to which the application:

- Describes an effective plan for project sustainability after the period of federal funding ends;
- Includes strategies to obtain future sources of potential income, as well as a timetable for becoming self-sufficient;
- Identifies future sources of potential income; and
- Clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

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

The application will be evaluated on the extent to which the application:

- Describes project personnel that are qualified by training and/or experience to implement and carry out the project; this will be evaluated both from information in the project narrative, and data in the Attachments;
- Describes the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project;
- Provides documentation of strong reciprocal partnership(s) that complement the objectives of the project;
- Provides information on the organization's current mission and structure and documents how this mission and structure support the purpose of the project, including an organizational chart outlining reciprocal partnerships with the mission, structure, and activities of the project; and
- Describes the organization's commitment to preparing medical students to become primary care physicians;

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

Your application will be reviewed for 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, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;

- The extent to which trainee stipends, or traineeships are reasonable or other planned costs allocated to support of medical student learning activities are supportive of the project objectives; and
- For reciprocal partnerships, the extent to which the budget equitably and appropriately supports the project and interprofessional team based training.

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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., funding priorities), as specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Funding Priorities

Report language included with the appropriations for this program directs HRSA to include two funding priorities. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Applications for grant support may be submitted without requesting a funding priority; however, approval of a funding priority will enhance an applicant's competitive score. An applicant may apply for one, or two (both), or none of the funding priorities. Priority points will be in addition to the possible merit score of 100 total points as outlined in the review criteria. **Each funding priority has a point value of two (2) points. Partial points will not be awarded for any funding priority.**

Applicants must provide the requested information for a **Funding Priority Request in Attachment 7** and it must be made clear that one, or more priority(ies) is/are being requested. You must clearly indicate which funding priority(ies) you are applying for and provide all required information. Failure to clearly request the funding priority may result in the priority not being applied. Failure to provide the requested information, documentation, and sufficient detail may also result in the priority not being applied.

The funding priority factors will be determined by HRSA staff. More specific information on how to apply for the funding priority can be found under Attachment 7 requirements. The MSE Program has two (2) funding priorities:

Priority 1: Federally-recognized tribes (2 Points)
You will be granted a funding priority if the applicant university is located in states with the greatest number of federally-recognized Tribes based on the Bureau of Indian Affairs. This funding priority factor will be determined by HRSA staff using the Department of the Interior's Bureau of Indian Affairs list of Indian Entities recognized and eligible to receive services from the United States Bureau of Indian Affairs as published in 83 FR 34863*.* HRSA defines "greatest number of federally-recognized Tribes" as any eligible state that has two (2) or more federally-recognized Tribes.

Priority 2: Public-Private Partnerships (2 Points)
You will be granted a funding priority if the applicant demonstrates existing public-private partnerships. HRSA staff will determine the funding priority factor. To qualify for the Public-Private Partnership priority, an applicant must include:

- Any documents that describe working relationships between your organization and other entities and programs cited in the proposal in Attachment 7. Documents that confirm actual contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed by someone who holds the authority to speak for the organization or department (CEO, Chair, etc.) and dated. Letters of agreement or partnership can be with or without funding, or with in kind contribution from both parties.
- Letters of agreement from the clinical training sites that include documentation of required clinical experiences in tribal communities, rural communities, and/or MUCs for the medical students.
- A statement that the applicant continues to have a partnership with the relevant partnering entity.
- The date of initial Letters of Agreement or Memoranda of Understanding.
- A narrative description of how the entities have collaborated in the past.

These priority points will be in addition to the possible score of 100 total points as outlined in the review criteria. More specific information on how to apply for the funding priority can be found under Attachment 7 requirements.

Applicants that do not receive a funding priority will receive full and equitable consideration during the review process. Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

Requirements of Subawards

The terms and conditions in the NOA apply directly to the award recipient of HRSA funds. The award 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 award recipient, as cited in the NOA. In general, the requirements that apply to the award recipient, including public policy requirements, also apply to sub recipients and contractors under awards. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

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

1) **Progress Report(s).** The award 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 award recipient progress on program-specific goals. Award recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs. The applicant may want to refer to the recommendations provided in the evaluation tool kit found at the Primary Care Training and Enhancement (PCTE) link above as an example for how to go about designing your evaluation plan.

   The second part collects information providing a comprehensive overview of award 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 award recipient should also plan to report on dissemination activities in the annual progress report.

   Further information will be available in the award notice.

2) **Performance Reports.** The award recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA award 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 Work Plan. Further information will be provided in the award notice.

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

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

   The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Award 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 cooperative agreement.

Further information will be provided in the award notice.

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

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

VII. Agency Contacts

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

Kimberly Ross, Grants Management Specialist
Attn.: Health Professions Branch
HRSA Division of Grants Management Operations, OFAM
10SWH03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2353
E-mail: kross@hrsa.gov

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

Anthony Anyanwu, Project Officer
Attn.: HRSA, Bureau of Health Workforce (BHW)
Division of Medicine and Dentistry
Room 15N-186B
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8437
E-mail: aanyanwu@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.
Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf

How to Measure Project Improvement

How will you know that a change that results from the training and education is an improvement? Measurement is a critical part of testing and implementing changes; measures tell you whether the changes being made actually lead to improvement. However, measurement for improvement should not be confused with measurement for research. Their differences can be found at the following website: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx

Social Determinants of Health

It is important for primary care providers to understand that it is important to identify and address social determinants of health (SDOH) for individuals and families to achieve optimal health outcomes and whole-person care. The American Academy of Family

Physicians has assembled a series of screening tools to help you link your patients to needed community resources. This information is available at https://www.aafp.org/journals/fpm/blogs/inpractice/entry/social_determinants.html

Workforce Shortages

State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025
https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf

State Offices of Rural Health

State Offices of Rural Health may be of assistance is arranging placement or rotations in rural health settings and faculty and curricular resources The National Organization of State Offices of Rural Health (NOSORH) has a directory of all State Offices at
https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/
https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

Other resources include:

- The Rural Health Information Hub's URL is https://www.ruralhealthinfo.org/
- The HRSA Data Warehouse Map Tool is at https://data.hrsa.gov/maps
- The Rural Grants Analyzer Tool is at https://data.hrsa.gov/tools/rural-health
- The Rural Recruitment and Retention Network (3RNet) is at https://www.3rnet.org/
- Rural Health TA Center is online at https://www.ruralgme.org/

Indian Health Services Resources

Possible partners providing education and services for American Indians and Alaska Natives:

- IHS Scholarships - https://www.ihs.gov/scholarship/
- IHS Externships - https://www.ihs.gov/scholarship/ihsexternprogram/
- IHS Indians into Medicine (InMED) Grant Program - https://www.ihs.gov/dhps/dhpsgrants/indiansmedicineprogram/
- Bureau of Indian Affairs - https://www.bia.gov/
- National Indian Health Board - https://www.nihb.org/about_us/about_us.php
- Association of American Indian Physicians (AAIP) - https://www.aaip.org/
- Association of Native American Medical Students - http://www.anamstudents.org
- American Indian/Alaska Native Culture Card A Guide To Build Cultural Awareness:
    - https://store.samhsa.gov/system/files/sma08-4354.pdf
    - https://www.ihs.gov/telebehavioral/includes/themes/newihstheme/display_objects/documents/slides/othertopics/samhsaNAculture1_508.pdf

  https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354

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.

IX. Tips for Writing a Strong Application

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

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

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