

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Office for the Advancement of Telehealth

Telehealth Innovation and Services Division

Technology-enabled Collaborative Learning Program

Funding Opportunity Number: HRSA-24-121

Funding Opportunity Type(s): New

Assistance Listing Number: 93.211

Application Due Date: August 2, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: July 1, 2024

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c -20 (§ 330N of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts](#).

SUMMARY

Funding Opportunity Title:	Technology-enabled Collaborative Learning Program (TCLP)
Funding Opportunity Number:	HRSA-24-121
Assistance Listing Number:	93.211
Due Date for Applications:	August 2, 2024
Purpose:	The purpose of this program is to improve retention of health care providers and increase access to health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas and for medically underserved populations or Native Americans.
Program Objective(s):	This program seeks to evaluate, develop, and, as appropriate, expand the use of technology-enabled collaborative learning and capacity building models for health care providers and other professionals to improve retention of health care providers and increase access to health care services
Eligible Applicants:	Eligible applicants include entities that: <ol style="list-style-type: none">1. Provide, or support the provision of, health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or to medically underserved populations or Native Americans, including Indian Tribes, Tribal organizations, and urban Indian organizations.2. Are in the United States or are in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the

	<p>Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, and</p> <p>3. Are public or private, non-profit or for-profit entities, domestic community-based or faith-based organizations, or Tribal (governments, organizations including urban Indian organizations)</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated FY 2024 Total Available Funding:	\$3,800,000
Estimated Number and Type of Award(s):	Up to 8 new cooperative agreements
Estimated Annual Award Amount:	Up to \$475,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024 through September 29, 2029 (5 years)
Agency Contacts:	<p>Business, administrative, or fiscal issues: John B. Gazdik Grants Management Specialist Division of Grants Management Operations, OFAAM Telephone: (301) 443-6962 Email: jgazdik@hrsa.gov</p> <p>Program issues or technical assistance: Melody Williams, MPH Public Health Analyst, Office for the Advancement of Telehealth Telephone: (301) 287-2616 Email: MWilliams1@hrsa.gov</p>

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide \(Application Guide\)](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Monday, July 8, 2024

4:00 pm -5:00 pm. Eastern Time

Web Link: <https://hrsa-gov.zoomgov.com/j/1602798578>

Attendees without computer access or computer audio can use the following dial-in information:

+16692545252,,1602798578# US (San Jose)

+16468287666,,1602798578# US (New York)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 646 964 1167 US (US Spanish Line)

+1 551 285 1373 US (New Jersey)

+1 669 216 1590 US (San Jose)

+1 415 449 4000 US (US Spanish Line)

833 568 8864 US Toll Free

Webinar ID: 160 279 8578

We will record the webinar.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Technology-enabled Collaborative Learning Program (TCLP). The purpose of this program is to improve retention of health care providers and increase access to health care services, such as those to address chronic diseases and conditions (including Alzheimer's disease), infectious diseases, mental health and substance use disorders, prenatal and maternal health, pediatric care, pain management, palliative care, and other specialty care in rural areas, frontier areas, health professional shortage areas, or medically underserved areas and for medically underserved populations or Native Americans.¹

Recipients will evaluate, develop, and, as appropriate, expand the use of technology-enabled collaborative learning and capacity building models. In this NOFO, the term "technology-enabled collaborative learning and capacity building model" means a distance health education model that connects health care professionals, and particularly specialists, with multiple other health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes.

This cooperative agreement aligns with HRSA's goals of promoting a health care workforce to address current and emerging needs, improving access to quality health services, achieving health equity², and enhancing population health. The development and acquisition of instructional programming by the TCLP will increase access to quality care using telehealth and innovative technology solutions. The TCLP will also provide training for health care providers and other professionals that provide or assist in the provision of services, including training on best practices for data collection and evaluation activities to study the impact on patient outcomes and health care providers.

[For more details, see Program Requirements and Expectations.](#)

¹ In this NOFO, the term "rural area" means a geographic area designated by HRSA as rural in accordance with the Rural Health Grants Eligibility Analyzer at <https://data.hrsa.gov/tools/rural-health>. The term "frontier area" means a frontier county, as defined in 42 U.S.C. 1395ww(d)(3)(E)(iii)(III). The term "health professional shortage area" means a health professional shortage area designated under 42 U.S.C. 254e. The term "medically underserved population" has the meaning given the term in 42 U.S.C. 254b(b)(3). The term "Native Americans" has the meaning given the term in 42 U.S.C. 293 and includes Indian Tribes and Tribal organizations. The terms "Indian Tribe" and "Tribal organization" have the meanings given the terms "Indian tribe" and "tribal organization" in 25 U.S.C. 5304. The term "urban Indian organization" has the meaning given the term in 25 U.S.C. 1603.

² Office of Health Equity, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services (2020).

<https://www.hrsa.gov/about/organization/bureaus/ohe/index.html#:~:text=What%20is%20health%20equity%3F,disease%2C%20disability%2C%20or%20mortality>

2. Background

This program is authorized by the 42 U.S.C. § 254c -20 (§ 330N of the Public Health Service Act). The Office for the Advancement of Telehealth (OAT) serves as the operational focal point for coordinating and advancing the use of telehealth technologies across all HRSA's programs including, but not limited to, the provision of health care at a distance (telemedicine), distance-based learning to improve the knowledge of HRSA award recipients and others, and improved information dissemination to both consumers and providers about the latest developments in telemedicine.

In February 2019, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) published a Report entitled, "Impact of Participation in Technology-Enabled Collaborative Learning and Capacity Building (ECHO) Models on Provider Retention."³ This report describes collaborative learning and capacity building models as "ECHO and ECHO-like models" (EELM) and finds an association between ECHO participation and retention in Health Professional Shortage Areas (HPSAs).

There are approximately 3,442 designated Medically Underserved Areas and Populations in the US and 7,481 Primary Medical Health Professional Shortage Areas.⁴ While substantial progress has been made in improving the health and well-being of all Americans, health disparities between population groups and geographic areas continue to persist. More specifically, "chronic diseases, risk factors for chronic disease, and COVID-19 all tend to disproportionately affect people of lower socioeconomic status and certain racial and ethnic minority populations. Disparities are found in a number of health indicators, including infant mortality, life expectancy, cardiovascular disease, cancer, diabetes, Chronic Obstructive Pulmonary Disease (COPD) HIV/AIDS, health care access and utilization, health insurance, disability, mental health, preventive health services such as cervical and colorectal cancer screening, smoking, obesity, substance use, suicide, homicide, and unintentional injuries.⁵ Additionally, these disparities are characterized by the differences in risks for Alzheimer's and other dementias as studies have shown Black and Hispanic older adults have an increased incidence of the disease occurrence relative to older White adults⁶. American Indian and Alaska Native (AI/AN) people, in particular, experience higher disease burden because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. Additionally, AI/ANs continue to die at higher rates than other

³ Office of the Assistant Secretary for Planning and Evaluation (ASPE). Impact of Participation in Technology-Enabled Collaborative Learning and Capacity Building (ECHO) Models on Provider Retention (Sept 22, 2019). <https://aspe.hhs.gov/reports/report-congress-current-state-technology-enabled-collaborative-learning-capacity-building-models>

⁴ Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services (2024). <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

⁵ Office of Health Equity, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services (2020). Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities. <https://www.hrsa.gov/sites/default/files/hrsa/health-equity/HRSA-health-equity-report-printer.pdf>

⁷ Indian Health Service (IHS). Indian Health Disparities Factsheet. <https://www.ihs.gov/newsroom/factsheets/disparities/>

Americans in many categories.⁷ HRSA anticipates the program will enable providers to continue pursuing improvements, in particular, to address the socioeconomic and cultural barriers that may impede patient access to effective multidisciplinary care.

Through this opportunity, HRSA will support innovative technology-enabled collaborative learning and capacity building models that connect health care professionals, and particularly specialists, with other health care professionals to serve the target populations. Program results will include expansion of service areas/settings and capacity of existing models, developing innovative technological strategies, methods, or tools, to incorporate emerging telehealth-based treatments for diseases listed above, and include the goal of publishing research articles based on data resulting from this funding support.

Applicants are also encouraged to look at the [National Consortium of Telehealth Resource Centers](#) in order to reach out to their regional Telehealth Resource Center (TRC) and the two National TRCs. Applicants can also contact the HRSA Telehealth Centers of Excellence at [University of Mississippi Medical Center](#) or at the [Medical University of South Carolina](#). They serve as national clearinghouses for telehealth research and resources, including Technical Assistance (TA). Another resource to support the implementation and evaluation of telementoring programs for rural and remote health care workers is the [Rural Telementoring Training Center](#) (RTTC).

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we are also involved in these ways:

- Ongoing review of award activities and input on content or approach;
- Participating in conference calls or meetings with award recipients;
- Reviewing and providing recommendations on the final work plan;
- Providing guidance and assistance to TCLP recipients, upon request, on the process for identifying key academic medical centers and other centers of excellence through which to share freely accessible resources and tools;
- Providing common measures that must be reported by all recipients;

⁷ Indian Health Service (IHS). Indian Health Disparities Factsheet.
<https://www.ihs.gov/newsroom/factsheets/disparities/>

- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of performance for the cooperative agreement;
- Providing assistance in identifying opportunities for disseminating information about TCLP programs nationally that coordinate both health and human services; and
- Reviewing, providing comments, and recommendations for documents, curricula, etc. prior to printing, dissemination, or implementation.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Supporting collaboration with HRSA's Telehealth Centers of Excellence, Telehealth Resource Centers, the Rural Telementoring Training Center and with the Telehealth Technology-Enabled Learning Program recipients;
- Planning and delivering training and Technical Assistance on TCLP activities to health care providers and ensuring that the use of technology-enabled collaborative learning and capacity building models are adapted to culturally and regionally diverse populations;
- Identifying opportunities and promoting best practices for TCLP programs to increase their viability in different areas by identifying successful models and administrative support strategies as well as disseminating information about technology-enabled collaborative learning and capacity building models that coordinate both health and human services;
- Identifying opportunities and promoting best practices for technology-enabled collaborative learning and capacity building programs to evaluate their impacts and improve their services and strategies over time;
- Providing health care providers and other professionals with tools for collecting and interpreting applicable data to support evaluation of technology-enabled collaborative learning and capacity building models;
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding);
- Completing activities included in the final work plan, specifically information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models.
- Actively participating in efforts to contribute to the evidence-base of technology-enabled collaborative learning and capacity building models;
- Networking with telehealth stakeholders;
- Engaging in webinars facilitated by HRSA program staff (e.g. program best practices, sustainability, etc.);
- Identifying professional opportunities to present, exhibit, or publish program findings that contribute to the technology-enabled collaborative learning and capacity building model evidence-base;

- Collaborating with HRSA in ongoing review of activities and budgets;
- Identifying key organizations through which to share information on emerging policy issues related to technology-enabled collaborative learning and capacity building programs;
- Disseminating information on the impact of technology-enabled collaborative learning and capacity building models on patient outcomes and health care providers; identifying best practices for the expansion and use of such models that result from any meetings, training activities, or workgroups conducted during the period of performance for the cooperative agreement; and ensuring free public access to resources developed under the cooperative agreement;
- Adhering to all applicable HHS policies and federal law including Section 508 of the Rehabilitation Act of 1973, as amended; and
- Responding timely to requests for information, including requests for data submissions, from HRSA or the Telehealth-Focused Rural Health Research Center award recipient.

2. Summary of Funding

We estimate \$3,800,000 will be available each year to fund 8 recipients. You may apply for a ceiling amount of up to \$475,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2029 (5 years).

Support beyond the first budget year will depend on:

- Appropriation of funds for this purpose
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization:

- Provides, or supports the provision of, health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or to medically underserved populations or Native Americans, including Indian Tribes, Tribal organizations, and urban Indian organizations, and
- Is in the United States or is in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, and
- Is a public or private, non-profit or for-profit entity, a domestic community-based or faith-based organization, or Tribal (governments, organizations including urban Indian organizations).

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Does not lead,, or is not capable of leading, a technology-enabled collaborative learning and capacity building model or engaging in technology-enabled collaborative training of participants in such model

Multiple Applications

We will only review your **last** validated application before the Grants.gov [due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-121 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-121 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-121 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals⁸ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.⁹
- If you cannot certify this, you must include an explanation in *Attachment 8-14: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

⁸ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

⁹ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

Program Requirements and Expectations

You must evaluate, develop, and as appropriate, expand the use of a technology-enabled collaborative learning and capacity building model to improve retention of health care providers and increase access to health care services in a rural area, frontier area, health professional shortage area, or medically underserved area, or to a medically underserved population or Native Americans. You must develop instructional programming, and train health care providers and other professionals that provide or assist in the provision of services, such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models (i.e., telementoring models such as Project ECHO, ECHO-like models, distance learning, clinical decision support, and other emerging models in the field). You must provide support for health care providers and other professionals that provide or assist in the provision of services through such models. You must perform information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models.

You must address at least two of the following focus areas:

- Chronic diseases and conditions (including Alzheimer's disease)
- Infectious diseases
- Mental health
- Substance use disorders
- Prenatal and maternal health
- Pediatric care
- Pain management
- Palliative care
- Other specialty care

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*. Your Project Abstract must identify which focus areas from the Program Requirements and Expectations section that your project will address.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i>
Work Plan	<i>Criterion 2: RESPONSE</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES and Criterion 4: IMPACT</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

o **Introduction -- Corresponds to Section V's Review Criterion 1: Need**

Succinctly (1-2 pages) describe the purpose of the technology-enabled collaborative learning and capacity building model proposed project. Include an overview of the partner site entities and plans for addressing the identified health care need in the target population in your proposed service area, including a list of the focus areas that will be offered. Clearly and succinctly, submit information on the collaborating partner site members, and expected program outcomes and community impact.

o **Organizational Information -- Corresponds to Section V's Review Criterion: 5 Resources and Capabilities**

This section should describe your organization's structure and the proposed staffing plan for activities conducted under this notice.

o Describe your organization's history of ongoing federal support through the effective implementation of federally funded activities.

- Describe your organization's ability to integrate and implement a robust telementoring initiative at, or in collaboration with, an academic medical center.
- Describe your organization's technology enabled delivery of evidence-based curricula, offering of practice based, culturally responsive care, and advancing the skill set of health care workers.
- Describe your organization's experience (including materials published) successfully conducting work of a similar nature.
- Describe the governance of the technology-enabled collaborative learning and capacity-building models, including the ability of your organization to hold partner sites accountable for data delivery and other project deliverables; and
- Describe how the information provided in the Project Organizational Chart (Attachment 5) contributes to the ability of the technology-enabled collaborative learning and capacity-building models to meet the program requirements and meet program expectations.
- In addition, each partner site within the project should:
 - Have a clearly defined role and specific set of responsibilities for the project;
 - Demonstrate clinician support from new and existing health care providers;
 - Describe the commitment, involvement and support of senior management and clinicians in developing and operating the project; and
 - Demonstrate the clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
- Describe how your model has the capacity, and collective mission and vision to collaborate effectively to achieve the goals of the TCLP program.
- Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.
- HRSA recommends that you:
 - devote at least 0.25 full-time equivalent (FTE) to the project director position.
 - have at least one permanent staff at the time an award is made;
 - have a minimum total equal to 2.0 FTE allocated for implementation of project activities, met across two or more staffing positions, including the project director position.
 - if there will not be a permanent Project Director at the time of the award, recipients should make every effort to hire a Project Director in a timely manner and applicants should discuss the process and timeline for hiring.
 - Project staff cannot bill more than 1.0 FTE across federal awards.

If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent full-time equivalent (FTE) for that respective federal award.

- Discuss how the organization will follow the approved work plan, as outlined in the application, adjust the work plan in consultation with HRSA, properly account for the federal funds, and document all costs to avoid audit findings. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.
- Provide evidence to demonstrate commitment and ability to form collaborative long-term relationships with key constituencies such as health care delivery sites, and academic medical centers. Provide evidence of an existing infrastructure and extensive past experience/track record of working with health care programs.

Describe relevant knowledge, skills, expertise and past successes with similar projects, particularly collaborative endeavors that involve building coalitions among health care delivery sites, academic medical centers, and other necessary stakeholders. Biographical sketches must be included in **Attachment 1** (Biographical Sketches for Key Personnel). The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel).

Note: The application should demonstrate a broad range of expertise and experience in telehealth, technology-enabled collaborative learning and capacity building models, continuing training for health care staff and an extensive knowledge of policy and payment considerations affecting the viability and sustainability of such programs. The applicant organization serves as the awardee of record and coordinates all cooperative agreement activities. The applicant organization is a critical component to ensure the success of this project and should demonstrate a proven track record with extensive prior experience and results in working with entities developing technology-enabled collaborative learning and capacity building model opportunities.

- *Need -- Corresponds to Section V's Review Criterion 1: Need*

This section outlines the needs of the health care providers and access to training and mentoring services. Describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the target population that you will serve with the proposed project.

Please use the following sub-headings (1) Target Population Details, (2) Target Service Area Details, and (3) Technology-enabled Collaborative Learning and Capacity Building model Service Area Details.

Target Population Details:

- Describe the target population. Consider disparities based on gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider people with disabilities; non-English speaking populations; people with limited

health literacy; or populations that may otherwise be overlooked when identifying target populations. The needs assessment should focus on technology-enabled collaborative learning and capacity building model needs in HRSA designated rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or for medically underserved populations or Native Americans.

- Describe the associated unmet health needs of the target population of the proposed project (if funded, this is the population that you will monitor and track). When possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project, such as: specific national, state, and regional health status indicators and unmet health need (as it relates to your primary focus area); percentage of target population with health insurance coverage and estimated proportion of major payers within this population (e.g., any commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, TRICARE, Indian Health Service, uninsured/self-pay, etc.); percentage of target population without health insurance coverage that is likely eligible for health insurance coverage; and percentage of target population living below the federal poverty line, etc. Also, include information regarding the social determinants of health and health disparities affecting the population or communities served.
- Within your proposed service area, explain how your project will meet the needs of the target population in terms of health disparities and barriers (social, cultural, infrastructure etc.) that affect their health status.

Target Service Area Details:

- Identify the target service area(s) for the proposed project. Describe any relevant geographical features of the service area that affect access to health care services.
- Describe the health care services available in or near the target service area and any gaps in services.
- Describe the types of relevant health care providers that are located in and near the service area of the project as well as their relation to the project.
- Describe existing opportunities for mentoring and training to health care providers located in the service area.
- Describe the existing primary health care providers, home health agencies, or other health networks in the region that are serving the area that you are incorporating as a part of your proposed program. Detail how this project would foster or/and enhance collaboration.
- Provide details how the project will not compete with other regional health care service providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.).
- Provide a map (Attachment 7) that details the location of the learning community model partner sites and the area(s) that will be served by the program.

Technology-Enabled Collaborative Learning and Capacity Building Model Service Area Details:

- Outline the needs and issues that affect the development of a technology-enabled collaborative learning and capacity building model and their ability to offer additional training/practicum to health care providers in the Technology-Enabled Collaborative Learning and Capacity Building Model Service area.
- Outline the challenges and barriers impacting the development and sustainability of technology-enabled collaborative learning and capacity building models and the communities they serve, as well as the larger contextual challenges facing the communities' abilities to recruit, train, and retain health care professionals. Use supporting data to provide context to the demand of technology-enabled collaborative learning and capacity building models. This section should also describe the significance of your organization to support the retention of health care providers and increase access to health care services.
- Identify key stakeholders that will serve the health care providers, discuss the impact of the project on interested stakeholders, and describe how stakeholder representatives are or will be involved in program planning. Cite demographic data whenever possible to support the information requested.

This section will help reviewers understand whom you will serve with the proposed project.

○ *Approach -- Corresponds to Section V's Review Criterion 2: Response*

This section outlines the methods that the applicant organization will use to address the stated need and meet each of the previously described program requirements and expectations in this NOFO.

The following headings must be addressed within the approach sections. Please address these headings: "Methods for Fulfilling Goals and Objectives;" "Methods for Maintaining Stakeholder Commitment;" "Methods for Implementing a Promising Practice Model;" and "Methods for Sustaining Project Beyond the Period of Performance."

Methods for Fulfilling Goals and Objectives:

- Define the specific goals and objectives.
- The stated goals and objectives should be measurable and align with the program intent and the period of performance.
- These goals and objectives should directly relate to the information presented in the prior section, or "Need."
- The modality by which the technology-enabled collaborative learning and capacity building model will be delivered, including the required telecommunications infrastructure (e.g., equipment, bandwidth) required to support service delivery.
- Describe how the proposed project will promote the use of the technology-enabled collaborative learning and capacity-building models.
- Describe your experience in improving health inequities between population groups and geographic areas.

- Propose methods to address disparities found in your targeted disease(s) for this proposal, or in one, or more, of the following health indicators: chronic diseases and conditions (including Alzheimer’s disease), infectious diseases, mental health, substance use disorders, prenatal and maternal health, pediatric care, pain management, palliative care, or other specialty care.
- Include a detailed and clear understanding of the intricacies of various technology-enabled collaborative learning and capacity-building models.
- Describe how you will work closely with HRSA to adapt the technology-enabled collaborative learning and capacity building model as needed in response to stakeholder feedback and changing priorities.
- Propose additional measures explaining how you will evaluate work and track progress through appropriate data collections.

Methods for Maintaining Stakeholder Commitment:

- Describe how your program will maintain partner site commitment throughout the period of performance.
- Describe how the program will build and maintain stakeholder involvement and commitment throughout period of performance.
- Demonstrate your experience in supporting the solicitation, review, selection, compilation and dissemination of best practices to medical educators and professionals for technology-enabled collaborative learning and capacity building models of care that will provide high quality continuing training.

Methods for Implementing an Evidence-Based or Promising Practice Model:

- Identify an evidence-based or promising practice model that has been shown to be effective in addressing modality by which the technology-enabled collaborative learning and capacity building models will serve the target population.
- Describe how the evidence-based or promising practice model is appropriate for your proposed project, and effective in meeting the target population’s need.

Methods for Sustaining Project Beyond the Period of Performance:

- Describe the methods by which you will sustain program activities and relationships beyond the period of performance.
- Describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by technology-enabled collaborative learning and capacity building models.

Work Plan -- Corresponds to Section V’s Review Criterion 2: Response

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in this section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and

implementing all activities. Provide a clear and coherent work plan that aligns with the project's goals and objectives. Present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures (it is recommended to provide this information in a table format). The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all five-years of the award. The applicant should include the work plan as Attachment 4.

Describe the following elements for your project model:

- The process to achieve the activities and implement a project as proposed in the methodology section. This section should provide clear evidence that you have a well-considered plan
 - to train health care providers and other professionals such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models; and
 - to conduct information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models;
- Describe the timeframes, deliverables, and key partners required during the cooperative agreement period of performance to establish the TCLP.
- Discuss how the TCLP plans to reach out, engage and promote freely accessible resources and tools to health care providers.
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of this application and, further, the extent to which these contributors reflect the cultural, linguistic and/or geographic diversity of the populations and communities served. You may include but are not limited to the following examples: broadly accessible modalities such as webinars and meetings to increase collaboration with stakeholders.
- Explain how the work plan is appropriate for the program design and how the work plan targets fit into the overall timeline of implementation of the cooperative agreement.

- Resolution of Challenges -- Corresponds to Section V's Review Criterion 2:
Response
 - Describe barriers to developing technology-enabled collaborative learning and capacity building models for health care providers and how you will address these barriers. This description should include challenges developing new technology-enabled collaborative learning and capacity building programs, e.g., recruiting participants, creating partnerships, and expanding partnerships.
 - Describe technological challenges, such as broadband access, software, and audio and video equipment, and how these challenges will be addressed.

- Discuss any additional challenges both internal and external to the applicant organization that may directly or indirectly affect successful execution of the cooperative agreement and provide details and strategies for how these will be resolved.

○ **Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criterion 3: Evaluation Measures and Criterion 4: Impact**

Propose clearly defined, viable measurements of success in evaluation of a technology-enabled collaborative learning and capacity building model center of this scope, including process and outcome indicators for evaluating whether activities are being implemented as planned and whether the activities are achieving the expected effects/changes in the short and long-term.

- Describe current and past experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describe a plan for information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models.
- Describe the strategy (including staffing and workflow) and the frequency to collect, analyze, and track data to measure process outcomes and impact outcomes, including, as appropriate, among different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development.
- Identify and present clear benchmarks of success for each year. Describe how the benchmarks to be applied to the project are industry standard from recognized sources, such as but not limited to the National Quality Forum (NQF), National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS); or, describe and justify appropriate benchmarks if industry standards are not available.
- Describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. You must demonstrate knowledge, skills, and expertise required to run a technology-enabled collaborative learning and capacity building model and build coalitions with stakeholders for the purpose of creating new and expanding existing model programs across your target service area.
- Describe a plan for, and cite specific subject matter knowledge, experience in, and ability to develop relevant materials to be used by health care providers to successfully develop new technology-enabled collaborative learning and capacity building programs, improve existing programs, and successfully evaluate the proposed program.

iii. **Budget**

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

The Technology-Enabled Collaborative Learning Program (TCLP) requires the following: Applicants must submit a separate program-specific line-item budget for each year of requested funding of the proposed period of performance and upload it as Attachment 4. The program specific line-item budget should reflect allocations for each 12-month period of performance. Applicants must provide a consolidated budget that reflects all costs for proposed activities, including those for contractors.

Use of Award Funds [42 U.S.C. § 254c -20 (§ 330N of the Public Health Service Act)]: Grants awarded shall be used for:

- A. the development and acquisition of instructional programming, and the training of health care providers and other professionals that provide or assist in the provision of services through technology-enabled collaborative learning and capacity building models, such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models; or
- B. information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models; or
- C. other activities consistent with achieving the objectives of the grants awarded under this section, as determined by the Secretary.

Grants awarded may be used for:

- A. equipment to support the use and expansion of technology-enabled collaborative learning and capacity building models, including for hardware and software that enables distance learning, health care provider support, and the secure exchange of electronic health information; or
- B. support for health care providers and other professionals that provide or assist in the provision of services through such models.
- C. As required by the Consolidated Appropriations Act, 2024 (P.L. 117-328), Division H, § 202, “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.” Effective January 2024, the salary rate limitation is \$221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the *Application Guide*.

In addition, the Technology-enabled Collaborative Learning Program requires the following:

Detailed Budget Information is needed to capture information specific to the proposed telehealth activities. It provides a detailed breakout of how the applicant will expend funds requested for each Object Class Category. The Detailed Budget Information allows the applicant to identify how federal funds will be expended for each proposed site within the technology-enabled collaborative learning and capacity building model.

The initial budget period for this funding opportunity is from 9/30/2024-9/29/2025. The applicant must provide a budget for each year of requested funding for each Object Class Category that reflects the cost for proposed activities for each Network Member/Site. Based on the budget for each Object Class Category, the applicant will develop a consolidated budget. The submission for the Detailed Budget should be submitted as Attachment 4.

Important - Each Object Class Category should be reported on a separate page (or multiple pages if needed based on the number of technology-enabled collaborative learning and capacity building model’s sites). The Object Class Categories that should be reported are as follows: Personnel/Fringe Benefits, Travel, Equipment, Supplies, Subcontracts, Other, and Indirect Costs. Each page should identify the Object Class Category and the Name of the Applicant and partner site.

Combined Object Class Totals: On one page, using the identical format for the Detailed Budget discussed above, summarize federal and non-federal costs for combined costs of all object classes for the applicant and each site. *Please include indirect costs in the summary worksheets when calculating these totals.*

It is recommended that you present your line item budget in table format, listing each Object Class Category for each site’s name (Applicant Site first) on the left side of the document, and the program corresponding costs (i.e., federal dollars, other federal dollars, federal subtotal, applicant/network partners non-federal dollars, state non-federal dollars, other non-federal dollars, non-federal subtotal dollars, and total dollars) across the top. Under Personnel, please list each position by position title and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the award for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the “Other” category).

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested period of performance at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. The budget justification **must** be concise. Do **not** use the justification to expand the project narrative. **Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a meeting for recipients in the Washington DC metropolitan area, each year they are funded.**

If you’ve never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the Application Guide.

Program Income: Discuss the planning assumptions used to determine the amount of estimated program income indicated in the total project budget. ‘*Program Income*’ is defined as gross income—earned by a recipient, sub-recipient, or a contractor under an award—directly generated by the award-supported activity or earned as a result of the award.

Treatment of Program Income: Under the Technology-Enabled Collaborative Learning Program (TCLP), the program income should be used before federal funds and shall be added to funds committed to the project and used to further eligible program objectives.

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

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 limitation.** Your indirect cost rate agreement and proof of existing federal funding will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Biographical Sketches for Key Personnel

Include biographical sketches for persons occupying the key positions described in the Staffing Plan, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with health disparities, and cultural and linguistically diverse populations that are served by their programs.

- Biographical sketches, not exceeding one page per person, should include the following information:
 - Senior/key personnel name
 - Position Title
 - Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
 - Section A (required) Personal Statement. Briefly describe why the individual's experience and qualifications make him/her particularly well- suited for his/her role (e.g., PD/PI) in the project that is the subject of the award; i.e., ample and relevant expertise to managing a technology-enabled collaborative learning and capacity building model.
 - 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 advisory committee.
 - Section C (optional) Other Support. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, FTE, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. Key Personnel is defined as persons funded by this award or persons conducting activities central to this program. If the Project Director serves as a Project Director for other federal awards, please list the federal awards and the percent FTE for each federal award.

Attachment 3: Detailed Budget Information

Include the program-specific line item budget and the Revenue Summary for each year of the proposed period of performance (see [Section IV.2.iv Budget Narrative](#) for additional information). It is recommended that Attachment 4 be converted to a PDF to ensure page count does not change when the document is uploaded into www.grants.gov.

Attachment 4: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). This attachment **will count** towards the 60-page limit.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including contractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all partner site members/ contractors on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

Attachment 6: Letters of Support

Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 7: Map(s)

Include a map of the service area that details the location of the technology-enabled collaborative learning and capacity building model partner sites and the area(s) that will be served by the program.

Attachment 8: Indirect Cost Rate Agreement (if applicable)(This does not count towards the page limit)

If you've never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the Application Guide.

Attachment 9-15: Other Relevant Documents

Include here any other documents that are relevant to the application and indirect cost rate agreements.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.¹⁰

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

¹⁰ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

Application Due Date

Your application is due on *August 2, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

4. Intergovernmental Review

Technology-Enabled Collaborative Learning Program (TCLP) must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

5. Funding Restrictions

The General Provisions in Division H of the [Consolidated Appropriations Act, 2024 \(P.L. 117-328\)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

- V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to

assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

We use 6 review criteria to review and rank Technology-Enabled Collaborative Learning Program (TCLP) applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV’s Introduction and Needs Assessment

Sub-Criterion: 10 points

Target Population

- The quality and extent to which the applicant outlines their approach towards implementing the proposed technology-enabled collaborative learning and capacity building models to meet the focus areas that have been identified.
- The quality and extent to which the applicant provides a brief overview of the target population(s) and service area involved in the project.
- The extent to which the applicant describes the purpose of the proposed activity, and how the project will meet the healthcare needs of the target population. The extent to which the applicant clearly and succinctly, submits information on the collaborating partner site members, and expected program outcomes and community impact.

Sub-Criterion: 5 points

Target Service Area

- The extent to which the applicant provides a description and justification for why they have chosen to focus on the target population and target service area; and
- The extent to which the applicant provides the requested demographic, unmet needs, health equity, and workforce data and information for the target service area to clearly demonstrate need.
- The degree to which the applicant demonstrates an appropriate use of data sources (e.g., local, state, federal) in their analysis of the environment and the target population. Presented data must include a description of the target population, size of the population, unmet health needs of the population, any socio-cultural determinants of health, disparities, and the degree to which this evidence substantiates the need for the technology-enabled collaborative learning and capacity building model and the services/programs identified from the selected activity.

- The extent to which the applicant uses data to describe a clear and logical relationship between the challenges impacting the target population/service area and the need for federal funding to support project activities by describing the environment in which the need for the technology-enabled collaborative learning and capacity building model has developed and why federal funds are appropriate at this point in time.
- The extent to which the applicant demonstrates how the technology-enabled collaborative learning and capacity building model will be able to collaboratively address the identified population health needs in a manner in which individual facilities would not be able to on their own.

Sub-Criterion: 5 points

Gaps in Services

- The applicant must provide a map (Attachment 7) that details the location of the technology-enabled collaborative learning and capacity building model members and the area(s) that will be served by the program.
- The manner and extent to which the proposed project will meaningfully fill gaps in the technology-enabled collaborative learning and capacity building models related to the purpose of this funding opportunity and healthcare need.
- The extent to which the application demonstrates understanding of the major policy and technology challenges and barriers facing telementoring educators and participants.
- The extent to which the application provides quantifiable information on existing services/programs available to support technology-enabled collaborative learning and capacity building model and how the applicant will meaningfully contribute to fill gaps in existing services.
- The extent to which the application provides sufficient evidence including quantitative data demonstrating the demand for the proposed project, including description of the target population and potential beneficiaries in the target service area.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's subsections Methodology, Work Plan and Resolution of Challenges

Sub-Criterion: 10 points

Methodology

- The extent to which the application demonstrates clear and detailed understanding of the intricacies of various technology-enabled collaborative learning and capacity building models including distance learning and clinical decision support through telehealth.

- The extent to which the applicant provides clearly stated goals and objectives that are measurable and align with the intent of the program and promote the use of its proposed technology-enabled collaborative learning and capacity building model.
- The extent to which the applicant clearly describes methods to address at least two of the following focus areas: chronic diseases and conditions (including Alzheimer’s disease), infectious diseases, mental health, substance use disorders, prenatal and maternal health, pediatric care, pain management, palliative care, or other specialty care.
- The extent to which the application adequately addresses the methods for building and maintaining partner site commitments during the course of the project period.
- The extent to which the proposed technology-enabled collaborative learning and capacity building model supports professional education and has experience in improving health inequities and is adaptable to culturally and regionally diverse populations nationally; including a clear examination of how these models promote sustainability and address viable measurements to success along with potential limitations.
- The degree to which the proposed technology-enabled collaborative learning model is based on an appropriate and relevant evidence-based or promising practice model.
- The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the impact of the program and services created with TCLP funding that demonstrates appropriateness and level of detail to:
 - Assess the continuing needs of the members of the technology-enabled collaborative learning and capacity building program and the needs of the target community for the programs and services offered by the project;
 - Sustain and maintain relationships and activities created as a result of the proposed project; and

Sub-Criterion: 10 points

Work Plan

- The extent to which the proposed project displays a realistic, feasible approach to providing TA, training, and support for health care providers and other professionals that are to receive telementoring support.
- The extent to which the proposed project displays a realistic and feasible approach for identifying meaningful support and collaboration with health care providers in planning, designing, and implementing all activities, including development of this application. The extent to which these contributors reflect the

cultural, , linguistic and/or geographic diversity of the populations and areas served.

- The appropriateness of activities proposed in response to the needs identified and the specificity with which the applicant proposes to: develop instructional programming, and train health care providers and other professionals that provide or assist in the provision of services, such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models (i.e., telementoring models such as Project ECHO, ECHO-like models, distance learning, clinical decision support, and other emerging models in the field); and provide Provide support for health care providers and other professionals that provide or assist in the provision of services through such models.
- The extent to which the proposed project displays a realistic and feasible approach to collect information and conduct evaluation activities to study the impact of such models on health outcomes for patients, access to health care services, quality of health care services, cost-effectiveness, retention of health care providers in underserved communities target populations and service areas, and best practices for the expansion and use of such models.
- The clarity of the work plan including the timeline, activity, goals, and responsible staff.
- The specificity with which the applicant identifies all partners and their qualifications, experience, and roles/responsibilities in the project, along with outreach strategies to engage all partners.
- The clarity with which program activities are aligned to the proposed outcomes to assess the progress of the program in meeting program goals and objectives.

Sub-Criterion: 5 points

Resolution of Challenges

- The extent to which applicants clearly and effectively address the challenges outlined in the “Resolution of Challenges” sections of this funding opportunity.
- The degree to which the applicant will be able to engage in meaningful collaborations to pursue the cooperative agreement’s objectives and overcome potential barriers (internal and external) by executing successful strategies.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

- The ability of the applicant to identify and incorporate measures that are aligned with the goals and objectives of the program and the supporting work plan activities.

- The effectiveness of the methods proposed to monitor and evaluate the project results.
- The appropriateness of methods proposed (including staffing and workflow) to collect, monitor, and analyze quantitative and qualitative data/information for process and outcome indicators.
- The extent to which the applicant describes relevant experience including materials published regarding telementoring evaluation.
- The extent to which the applicant will utilize HRSA's evaluation measures to collect evidence-based data.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The quality of the applicant's experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging technology-enabled collaborative learning and capacity building models and services.
- The extent to which the proposed project describes a plan and relevant experience studying the impact of such models on patient outcomes and health care providers.
- The extent to which the proposed project describes a plan and relevant experience developing materials to improve access to quality health care for rural areas, frontier areas, health professional shortage areas, medically underserved areas, medically underserved populations or Native Americans
- The extent to which the applicant provides evidence that the applicant's leadership will promote the success of the program and its ability to meet program goals, align proposed benchmarks with industry standards from recognized sources, move the learning model and member organizations towards population health management, encourages collective decision making, and promotes program sustainability.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information

Sub-Criterion: 15 points

Existing Federal Support and Subject Matter Expertise

- The extent to which the application demonstrates a history of ongoing federal support through the effective implementation federally funded activities.
- The extent to which the application demonstrates the integration and implementation a robust telementoring initiative at, or in collaboration with, an academic medical center.

- The extent to which the application includes technology enabled delivery of evidence-based curricula, offering of practice based, culturally responsive care, and advancing the skill set of health care workers.

Sub-Criterion: 10 points

Organizational Resources and Capabilities

- The quality and appropriateness of the resources and the abilities of your organization to fulfill program requirements and meet program expectations, including implementation, documentation, and monitoring.
- The capability to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.
- The extent to which the staffing plan is well justified and includes the necessary personnel, as well as the extent to which the personnel devoted to the Program align with the proposed structure and work plan and have adequate time devoted to the project.
- The extent to which the applicant has demonstrated its ability and past experience/track record of providing telementoring and leadership to providers, including experience establishing new telementoring programs.
- The extent to which the application demonstrates extensive experience in the development and acquisition of instructional programming, and the training of health care providers and other professionals that provide or assist in the provision of services through technology-enabled collaborative learning and capacity building models, as evidenced by the size of the program, the years of experience in providing services, governance of collaborative partners, and publications/documents.
- The extent to which the application clearly describes the structure of the proposed Program and the extent to which that structure strongly supports the overall mission of this program.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget Justification Narrative

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and the application's budget provides sufficient detail about the role and responsibilities of each award-supported staff position.
- The extent to which key personnel have adequate time devoted to support the project's proposed data collection, tracking and analysis efforts for effective demonstration of indicated outcomes at the end of the five year period of performance.
- The extent to which the budget justification clearly documents each line-item request (such as personnel, travel, equipment, supplies, information technology,

and contractual services) supports the goals and activities of the proposed award-funded activities over the length of the five-year period of performance.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO.

See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.
- Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.

Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act

Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit <https://www.healthit.gov/topic/certification-ehrs/certification-health-it> to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) through and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via [this link to HRSA's website](#).

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* and the following reporting and review activities:

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA
- 2) **Progress Report(s).** The recipient must submit a progress report to us on an annual basis. The NOA will provide details.
- 3) **Final Report and Evaluation.** Award recipients are required to submit a final report and program evaluation at the end of their period of performance that will show, explain, and discuss their results and outcomes. This report may include program-specific goals and progress on strategies; performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; and barriers encountered. Further information will be provided during the first budget period.

- 4) **Performance Measures.** A performance measures report is required for continued funding after the end of each budget period. Upon award, recipients will be notified of specific performance measures required for reporting.
- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.
- 6) **Institutional Review Board (IRB) Human Subject Review approval.** To assess the effect of technology-enabled collaborative learning and capacity building models on patient outcomes and healthcare providers, award recipients may need to secure an Institutional Review Board (IRB) Human Subject Review approval. This may involve the award recipient establishing data transfer and use agreements with participating network members.

VII. Agency Contacts

Business, administrative, or fiscal issues:

John B. Gazdik
Grants Management Specialist
Division of Grants Management Operations, OFAAM
301-443-6962
jgazdik@hrsa.gov

Program issues or technical assistance:

Melody Williams
Public Health Analyst, Telehealth Innovation and Services Division
Attn: Technology-Enabled Collaborative Learning Program
Office for the Advancement of Telehealth
Health Resources and Services Administration
5600 Fishers Lane, Room
Rockville, MD 20857
Telephone: (301) 287-2616
Email: MWilliams1@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1: Biographical Sketches for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Detailed Budget Information	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 4: Work Plan	<i>(Does not count against the page limit)</i>

Attachments Form	Attachment 5: Project Organizational Chart	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 6: Letters of Support	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 7: Map(s)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8: Indirect Cost Rate Agreement (if applicable) Proof of Existing Federal Funding	<i>(Does not count against the page limit) My attachment = ___ pages</i>
Attachments Form	Attachment 9: Other Relevant Documents Indirect Cost Rate Agreement (if applicable)	<i>(Does not count against the page limit) My attachment = ___ pages</i>
Attachments Form	Attachment 10: Other Relevant Documents	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11: Other Relevant Documents	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12: Other Relevant Documents (if applicable)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13: Other Relevant Documents (if applicable)	<i>My attachment = ___ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms	Applicant Instruction: Total the number of pages in the boxes above.	
Page Limit for HRSA-24-121 is 60 pages	My total = ___ pages	