U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy

Policy Research Division

Rural Residency Planning and Development Program

Funding Opportunity Number: HRSA-22-094

Funding Opportunity Types: New

Assistance Listings (AL/CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: December 20, 2021

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: October 20, 2021

Sheena Johnson, MPH
Health Insurance Specialist
Federal Office of Rural Health Policy
Telephone: (301) 945-9639
Email: ruralresidency@hrsa.gov

See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Rural Residency Planning and Development (RRPD) Program. The purpose of this program is to improve health care in rural areas by developing new, accredited, and sustainable rural residency programs in family medicine, internal medicine, preventive medicine, psychiatry, general surgery, and obstetrics and gynecology, to support expansion of the physician workforce in rural communities. For the purposes of this notice of funding opportunity, rural residencies are allopathic and osteopathic physician residency programs that primarily train residents in rural clinical settings for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities.

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

This grant program and the RRPD-Technical Assistance Program are complementary and seek to expand the number of new rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas. Funding will support planning and development costs accrued while achieving program accreditation.

Funding Opportunity Title:	Rural Residency Planning and Development (RRPD) Program
Funding Opportunity Number:	HRSA-22-094
Due Date for Applications:	December 20, 2021
Anticipated Total Annual Available FY 2022 Funding:	$10,500,000
Estimated Number and Type of Awards:	Up to 14 grants
Estimated Award Amount:	Up to $750,000 over the 3-year period of performance, subject to the availability of appropriated funds. Award recipient will receive the full award amount in the first year of the period of performance and is required to allocate it across all three years.
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2025 (3 years)
Eligible Applicants:	Eligible applicants* include domestic public, nonprofit or private organizations: 1. rural hospitals 2. rural community-based ambulatory patient care centers, including rural health clinics 3. health centers operated by tribes or tribal organizations, or an urban Indian organization 4. graduate medical education consortiums 5. faith-based and community-based organizations *Either the applicant organization or a consortium's primary training partner must be located in a rural area. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, November 4, 2021
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160 729 9636
Participant Code: 41475430
Weblink: https://hrsa-gov.zoomgov.com/j/1607299636?pwd=WlRLYXBqYzN0SUYyK0ZadGpja1UwZz09

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration (HRSA) Rural Residency Planning and Development (RRPD) Program. The purpose of this grant program is to improve health care in rural areas by supporting the development of new, accredited, and sustainable rural residency programs in family medicine, internal medicine, preventive medicine[1], psychiatry, general surgery, and obstetrics and gynecology, to address the physician workforce shortages and challenges faced by rural communities. This program provides start-up funding to RRPD award recipients to create new rural residency programs that will ultimately be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources.

For the purposes of this notice of funding opportunity, rural residencies are accredited allopathic and osteopathic physician residency programs that primarily train residents in rural training sites for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities. Rural residencies may be entirely rurally located or integrated within a larger, often urban residency program, also known as a rural training track (RTT). One common model is the 1-2 RTT format, where the first year of training occurs in an urban hospital or academic medical center, and the final two years in a rural health facility.

This program aims to expand the number of physician training opportunities in rural settings and subsequently increase the number of physicians choosing to practice in rural areas. As such, RRPD funding will only support the development of new rural residency programs or RTTs and applications from existing programs will not be considered.

Program Goals

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

In addition, programs should: 1) provide interprofessional training specific to the needs of their rural community which may include training with allied health professionals (e.g., nurses, nutrition specialists, and pharmacists); 2) describe any special populations

[1] For the purposes of this NOFO, eligible preventive medicine specialties include Public Health and General Preventive Medicine and Occupational Medicine. Refer to program definitions for more information.

served by the training program and that trainees are immersed in the care of, such as members of tribal communities, veterans, people living with HIV, under- and uninsured patients, patients with substance use disorder, or other groups served by HRSA programs; and 3) address other known challenges specific to rural residency programs such as having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

Program Objectives

Objective 1: Residency Program Development

1.1 Appoint a residency program director or identify a residency program director in development by the start of year 2 of the grant (August 1, 2023).

1.2 Submit ACGME application for the new rural residency program by the start of year 3 of the grant (August 1, 2024).

1.3 Establish a new rural residency program in family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology that is ACGME accredited by the end of the period of performance (July 31, 2025).

1.4 Matriculate first class of residents no later than the academic year (AY) immediately following the end of the RRPD period of performance (AY 2026).

Objective 2: Program Sustainability

2.1 Solidify a clearly defined, factual, and validated sustainability plan that includes ongoing funding stream(s) to sustain long-term resident training once the program is established through the following options:

- Qualifying under current regulatory authority for Medicare graduate medical education (GME) payments in rural hospitals starting a new residency training program.[2] Specifically, the applicants:
  - Either have a viable direct GME Per Resident Amount or are eligible to establish one after training residents for the first time; and
  - Are eligible for a viable indirect GME and direct GME resident cap adjustment.
- Creating a new RTT program in accordance with Medicare regulations;
- Establishing state or other public and/or private support; or
- Combining multiple funding streams (e.g., a hospital may have a mix of Medicare and other public funding).

2.2 Finalize a detailed pro forma for program sustainability by the start of year 2 of the grant (August 1, 2023).

***Note**: The Consolidated Appropriations Act of 2021 authorized changes to Medicare GME regulations. As of this funding opportunity, the FY22 Inpatient Prospective Payment System (IPPS) Proposed Rule includes the proposed regulations for the GME provisions.*

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

Objective 3: Graduate Tracking Plan

3.1 Develop a structured plan to track and publicly report on resident career outcomes after graduation for a period of at least 5 years after the first graduating class to determine retention in rural communities.

3.2 Identify and establish data collection elements for the graduate tracking plan. Examples of information collected may include, but are not limited to, practice specialty/sub-specialty and location, patient population served, service time committed to the care of safety net patients, part/full-time clinical practice status, services offered, proportion of clinical time in inpatient and outpatient settings, and any additional training opportunities pursued after residency completion.

2. Background

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

Approximately 20 percent of the population, roughly 61 million individuals, live in rural communities.[3] Residents of rural communities experience higher rates of poverty and chronic disease and generally have poorer health outcomes than their urban counterparts. A recent study found that rural areas considerably lagged behind urban areas in achieving Healthy People 2020 mortality goals and experienced higher mortality rates for the leading causes of death.[4] Compounding the rural-urban health disparities is the lack of health care infrastructure and a health workforce ready to adequately address rural communities' needs.

According to the most current data, nearly 68 percent of areas designated as primary care health professional shortage areas (HPSA) are located in wholly or partially rural areas.[5] Studies show that higher primary care physician densities and access to high-quality primary care correlate with better health outcomes, increased life expectancy, and reduced rates of hospitalization.[6] However, rural primary care physicians often lack clinical support from specialty care providers to treat patients with more complex conditions, despite having a broader scope of practice than their urban counterparts. Recent studies clearly demonstrate the scarcity of specialty care providers in rural

[3] HRSA Federal Office of Rural Health Policy: https://www.hrsa.gov/rural-health/about-us/definition/index.html
[4] Callaghan, T. H., Ferdinand, A. O., Akinlotan, M., Primm, K., Lee, J. S., Macareno, B., Bolin, J. N. (2020). Healthy People 2020 Progress for Leading Causes of Death in Rural and Urban America: A Chartbook. Policy Brief. Southwest Rural Health Research Center. Available at: https://srhrc.tamhsc.edu
[5] HRSA Designated Health Professional Shortage Areas Statistics, Third Quarter of FY2021 Designated HPSA Quarterly Summary, June 30, 2021. Retrieved from https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport
[6] Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. PLOS ONE 24 April 2020 15(4): e0231443. https://doi.org/10.1371/journal.pone.0231443

communities: 80 percent of rural counties did not have a psychiatrist[7], 77 percent lacked an obstetrician[8], and 60 percent had no active general surgeon.[9] As a result of these shortages, rural family physicians often have a broader scope of practice, such as obstetrics and prenatal care.[10]

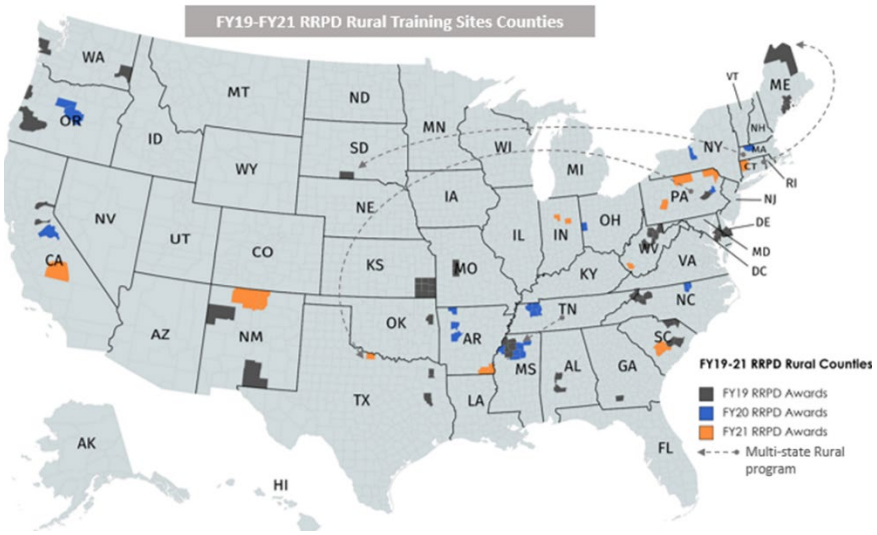
Studies have shown that both enrolling trainees with rural backgrounds and training residents in rural settings are successful strategies for encouraging graduates to practice in rural settings.[11] Nevertheless, the bulk of physician residency training has been academic health center-focused with limited opportunities for physician exposure to residency training in rural areas. According to a 2021 GAO Report, the distribution of physician residency programs is highly concentrated in urban areas, particularly in the southern and northeastern regions, while only two percent of training occur in rural settings.[12]

Rural programs often face financial, human resource and organizational capacity constraints, such as lack of sustainable financing, faculty support and recruiting residents. In order to secure institutional recognition and support, rural residency programs need both academic partnerships as well as rural community faculty champions. There are also specific accreditation challenges, such as lacking sufficient specialty and subspecialty preceptors willing to sponsor residents for clinical rotations or meeting the appropriate level of scholarly activity required for busy community faculty.

The urgent need to address these challenges in developing new rural training opportunities resulted in the conception of the HRSA RRPD program. In FY18 (HRSA-18-117) and again in FY21 (HRSA-21-102), HRSA funded the RRPD-Technical Assistance Program, a cooperative agreement to establish the RRPD-TA Center to identify and share resources with RRPD applicants and support RRPD Program award recipients.

[7] Larson EH, Patterson DG, Garberson LA, Andrilla CHA. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Sep 2016.
[8] Patterson DG, Andrilla CHA, Garberson LA. The Supply and Rural-Urban Distribution of the Obstetrical Care Workforce in the U.S. Policy Brief #168. WWAMI Rural Health Research Center, University of Washington, June 2020.
[9] Larson EH, Andrilla CHA, Kearny J, Garberson LA, Patterson DG. The Distribution of the General Surgery Workforce in Rural and Urban America in 2019. Policy Brief. WWAMI Rural Health Research Center, University of Washington, March 2021.
[10] Peterson, Lars E. and Fang, Bo, "Rural Family Physicians Have a Broader Scope of Practice than Urban Family Physicians". Rural & Underserved Health Research Center Publications, February 2018.
[11] Davis G. Patterson, C. Holly A. Andrilla, Lisa A. Garberson; Preparing Physicians for Rural Practice: Availability of Rural Training in Rural-Centric Residency Programs. J Grad Med Educ 1 October 2019; 11 (5): 550–557. doi: https://doi.org/10.4300/JGME-D-18-01079.1
[12] United States Government Accountability Office. Graduate Medical Education: Programs and Residents Increased during Transition to Single Accreditor; Distribution Largely Unchanged. GAO-21-329. April 2021. Retrieved from https://www.gao.gov/products/gao-21-329

Thereafter, HRSA funded its inaugural RRPD cohort (HRSA-19-088) in FY19 and additional cohorts in FY20 and FY21 (HRSA-20-107). Currently, HRSA funds 46 RRPD Program award recipients across 26 states developing rural residencies or RTTs in family medicine (35), internal medicine (4), psychiatry (6), and general surgery (1). They consist of rural hospitals, including critical access hospitals and sole community hospitals, tribal entities, federally qualified health centers, and graduate medical education consortiums. As of August 1, 2021, 20 RRPD Programs have achieved ACGME accreditation and been approved for 283 residency positions at full complement. To navigate the complex and intensive process of accreditation and developing a new rural residency program, all RRPD Program award recipients are required to collaborate with the RRPD-TA center and attend a 2-day Annual RRPD meeting throughout the duration of their award. To learn more about the RRPD-TA center, visit www.ruralgme.org.



Program Definitions

The following definitions apply to the RRPD Program for the Fiscal Year 2022.

1. **Centers for Medicare & Medicaid (CMS) Rural** – CMS defines rural in accordance with Medicare regulations at 42 CFR 412.64(b)(ii)(C); that is, a rural area is an area outside of an urban Metropolitan Statistical Area. This excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103. To determine if a hospital is located in a county that is rural for CMS inpatient prospective payment system (IPPS) wage index purposes, refer to the "FY 2022 County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2022 IPPS Final Rule Homepage. Counties without a CBSA or CBSA Name listed in Columns D and E are considered rural for CMS purposes. Applicants must contact their Medicare Administrative Contractor (MAC) to confirm rural status and eligibility for Medicare GME payment.

   Note: *Applications proposing a sustainability plan that includes Medicare GME funding must meet CMS requirements* ***and*** *FORHP's definition of rural.*

2. **HRSA Federal Office of Rural Health Policy (FORHP) Rural** – FORHP accepts all non-metropolitan counties as rural and uses an additional method called the Rural-Urban Commuting Area (RUCA) codes to determine rurality.

FORHP considers census tracts inside Metropolitan counties with the RUCA codes 4-10 to be rural and makes additional adjustments for very large tracts with low population density and for counties with no population living in Census-defined Urbanized Areas.[13] Please use the Rural Health Grants Eligibility Analyzer to determine whether FORHP considers a geographical area to be rural. HRSA's definition of rural may differ from CMS, which is an important distinction to understand if developing a financial sustainability plan based on Medicare GME funding.

3. **Graduate Medical Education Consortium** – An association between two or more organizations (e.g., academic medical centers, rural hospitals, universities and/or medical schools) to form an entity that serves as the institutional sponsor and operator of an accredited residency program. At least one consortium member must be a rural primary clinical training partner. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

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

5. **New Medical Residency Training Program** – per 42 CFR 413.79(l), CMS defines a new medical residency program as one that is, "a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995".[14]

6. **Preventive Medicine** – ACGME defines Preventive Medicine as the medical specialty in which physicians focus on health promotion and the prevention of disease, disability and premature death of individuals in defined populations.[15] Preventive medicine focus areas include aerospace medicine, occupational medicine, and public health and general preventive medicine. For the purpose of this NOFO, only occupational medicine and public health and general preventive medicine are eligible focus areas.

[13] HRSA Federal Office of Rural Health Policy: https://www.hrsa.gov/rural-health/about-us/definition/index.html Note that FORHP implemented new modifications to the rural definitions for FY 22. We have incorporated these revisions in the Rural Health Grants Eligibility Analyzer.

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

[15] https://www.acgme.org/Specialties/Overview/pfcatid/20/

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

8. **Rural Training Tracks (RTT)** – a rural residency program model that consists of partnerships between urban and rural clinical settings where typically the first year of training occurs within a larger urban program, and the final two years occur in a rural clinical facility.

   Note: *The Consolidated Appropriations Act of 2021 authorized three major GME provisions to close the health equity gap in rural and/or underserved communities, including promoting rural hospital GME opportunities and revising RTT requirements. As of this funding opportunity, the FY22 Inpatient Prospective Payment System (IPPS) Proposed Rule includes the proposed regulations for the GME provisions.*

9. **Target Area** – A target area is the specific rural geographic location(s) and communities you plan to serve with the proposed rural residency program.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $10,500,000 to be available to fund approximately 14 recipients for the 3-year period of performance. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $750,000 total cost (includes both direct and indirect, facilities and administrative costs) for the entire 3-year period of performance. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2022 through July 31, 2025 (3 years). Award recipients will receive the full award amount in the first year of the three-year period of performance, and must allocate the award funding across each of the three years. Additionally, recipients must submit a budget and budget narrative for each of the three years of the period of performance**.** While you must distribute the funding across each of the three years, the budget does not need to be evenly split across the three-year period of performance, and can vary based on your community's needs.

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

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

III. Eligibility Information

1. Eligible Applicants

Applicants must meet all of the following criteria in order to be considered eligible for RRPD funding. HRSA will not consider applicants that fail to meet any eligibility criteria for funding under this notice.

Eligible Entities
Eligible entities are domestic public or private non-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations. Specifically, these organizations may include, but are not limited to:

1) rural hospitals;
2) rural community-based ambulatory patient care centers, including rural health clinics;
3) health centers operated by a tribe or tribal organization, or an urban Indian organization;
4) graduate medical education consortiums, including schools of allopathic medicine or osteopathic medicine; and
5) faith-based and community-based organizations.

Rural Status
The applicant organization or the primary rural training partner(s) where greater than 50 percent of rural training will occur must be located in a rural location as defined by CMS and/or FORHP:

- For applications proposing a sustainability plan that relies on Medicare GME funding, the applicant organization or primary rural training partner(s) must meet both CMS **and** FORHP definitions of rural.
- For applicants proposing sustainability plans with no Medicare GME funding, the applicant organization or primary rural training partner(s) must meet FORHP's definition of rural.

In the case of a RTT, where the applicant organization is located in an urban area, the GME consortium must include at least one rural primary clinical training partner. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity. Applicants must submit Letters of Agreement in **Attachment 4**.

Refer to Section I.2. Program Definitions for more information on rural eligibility. You must attach proof of rural designation in **Attachment 6**.

New Rural Program & Eligible Specialties
Applications must propose to develop a new, accredited rural residency program in family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology. Applications requesting funding to expand an existing rural residency program or RTT (e.g., that is already training residents) are not eligible. Entities who have already achieved ACGME accreditation for the proposed rural residency program in the above specialties by the application closing date are not eligible.

Recipients of awards under the RRPD-TA Program (HRSA-18-117 and HRSA-21-102) or the previous RRPD Program opportunities (HRSA-19-088 and HRSA-20-107) are not eligible to receive funding under this notice. Eligible applicants may apply to both the FY22 RRPD Program (HRSA-22-094) and FY22 Teaching Health Center Planning and Development Program (HRSA-22-107), however HRSA will only fund one award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount of $750,000 total costs (includes direct, indirect, facilities and administrative costs)
- Fails to satisfy the deadline requirements referenced in Section IV.4

Multiple Applications
Multiple applications from an organization are not allowable. You may apply for funding to support developing multiple rural residency programs under one award, but you must clearly demonstrate in the application your ability to establish more than one. We anticipate that most awards will be for one rural residency program.

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

Incomplete Application
Failure to include all required documents as part of the application may result in HRSA considering an application incomplete or non-responsive.

Program Sustainability
Applications must have a clearly defined, factual, and validated sustainability plan that includes ongoing funding stream(s) to sustain resident training once the program is established. Eligible applicants with a sustainability plan that includes Medicare GME

payments must meet **both** CMS requirements (e.g., rural status and Medicare GME eligibility payment rules) and FORHP's definition of rural. Failure to include a clearly defined, factual, and validated sustainability plan will result in HRSA considering an application incomplete or non-responsive. Refer to Section IV.2.ii. Program Sustainability for more information.

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

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-094 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements
Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA SF-424 Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must

submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limitation
The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-094, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-094 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. In addition to the SF-424 Application Guide requirements, the project abstract must include the following information below. The project abstract must be single-spaced and 4000 characters or less. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

Abstract Heading Content:

- Eligible Entity Type (refer to Section III.1 Eligible Entities)
- Project Director Contact Information
- Residency Program Director Contact Information
- Residency Specialty & Type (e.g., family medicine 1-2 RTT)
- Sponsoring Institution
- Rural Target Area(s)
- Funding Amount Requested
- Program Sustainability Option (refer to Section IV.2.ii. Program Sustainability for further details)
- Projected Number of Residents; and
- Expected ACGME Accreditation and Residency Matriculation Dates

Abstract Body Content:

- Brief overview of the project including description of geographic area (e.g., rural counties served), target patient population and needs, consortium partners (if applicable) and clinical partnerships (e.g., training partners and types of clinical facilities); and
- Specific measurable objectives and expected outcomes of the project, how the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project). Please also include a listing of recent HRSA awards received relevant to the project (e.g., health workforce, rural, or training awards).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Purpose and Need
Needs Assessment	(1) Purpose and Need
Methodology	(2a) Response
Work Plan	(2b) Response
Resolution of Challenges	(2c) Response
Evaluation and Technical Support Capacity	(3a) Impact
Program Sustainability	(3b) Impact
Organizational Information	(4) Organization Resources/Capabilities
Budget and Budget Narrative	(5) Support Requested

ii. Project Narrative

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

Use the following section headers for the narrative:

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

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

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

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

Specifically, this section must include the following information:

1. Description of the geographic area where the residency program will be located, the justification for selecting this area, and the problem that your residency program is working to solve. To the extent possible, include data and describe the population demographics, social determinants of health, health disparities faced by, and health care needs of the population served, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities (MUC) and/or Health Professional Shortage Areas (HPSA).
2. Description of health workforce shortages and need for additional physicians in the specialty for which you are applying for funding, including current (within 3 years) information and data demonstrating needs for the proposed specialty in the target area(s) and identify specific reasons for this shortage.
3. Description of the rural health care delivery system and the specific needs of the facility(s) hosting the rural residency program. Include information on the organization's structure and the clinical and faculty capacity needed to support a new rural residency program.
4. Description of any residency programs (existing or in development) in the specialty area for which you are applying for funding, that serve the target area(s) where the proposed new rural residency program will be located.
5. Description of any progress that has already been made towards developing a rural residency program.
6. Characteristics of existing residency program partners that align with the purposes of this project and assessment of the need for strengthening of academic and community linkages/partnerships with private sector or safety net providers for development of clinical training sites for residents, preceptor development and retention, and well-trained, culturally competent health care providers.
7. Description of any consultations with the State Office of Rural Health related to the planning and development of the new rural residency program.

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

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

Propose methods that you will use to address the stated needs and meet each of the previously described program goals and objectives in Section I.1 Purpose of this NOFO. Clearly specify how the proposed methods will overcome challenges and barriers in developing the new rural residency program and bridge any gaps identified in the "Needs Assessment" section above. Specifically, this section must include how you plan to achieve:

1. ACGME accreditation for the new rural residency program no later than the end of the program performance period (i.e., July 31, 2025). Applicants must describe:

a. Clinical capacity to meet ACGME accreditation requirements including sufficient numbers of dedicated, supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties (e.g., adequate obstetrics training). You may achieve this through clinical training partnerships. In this case, you must submit Letters of Agreement in **Attachment 4**.
b. Current organizational structure and plan to meet ACGME requirements, including governance structure and the capacity of the organization to meet ACGME sponsoring institution requirements. This may also include acquiring access to electronic health records, library services, learning management systems, etc.
c. Plan to appoint a residency program director by the start of year 2 of the grant (if not already hired) and a faculty recruitment and development plan to support the new rural residency program, including recruiting specialty faculty to meet ACGME requirements for the proposed specialty.
d. Curriculum and training plan, including incorporation of interprofessional training and development, culturally and linguistically appropriate care and training to address the health needs and disparities of patients from the proposed target areas(s). The curriculum plan should be high quality, leading to successful board certification of graduates and readiness for clinical practice following completion of training.

2. Resident matriculation no later than the AY immediately following the end of the program period of performance (i.e., AY 2026). Applicants must describe a plan to:
   a. Recruit and support a diverse cohort of high quality residents, including outreach to medical students with a rural background.
   b. Recruit and train at least the minimum number of residents required to achieve and maintain accreditation for the proposed specialty.
   c. Promote retention of resident graduates to practice in rural communities.
3. Tracking residents' career outcomes for a period of at least 5 years post-graduation from the rural residency program. Applicants must describe a plan to:
   a. Develop a tracking tool/mechanism or leverage an existing graduate tracking system to track and publicly report on graduates career outcomes and retention in rural and underserved areas. At a minimum, the graduate tracking plan should be equipped with the ability to accurately collect the following graduate outcomes:
      i. National Provider Identifier (NPI)
      ii. Practice location(s)
      iii. Medical Specialty/Sub-specialty
      iv. Employment Status (i.e., Part-time or full-time)
   b. Track other practice characteristics and graduate demographics.

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

Additionally, applicants should include any innovative approaches or unique program characteristics that would enhance the quality of rural residency training and address the stated needs of the targeted rural area(s), such as:

- Emerging patient care or health care delivery strategies (e.g., patient centered medical homes, telehealth, etc.)
- Integration of interprofessional education and practice
- Integration of oral health and/or mental health and substance use disorder treatment
- Enhancing obstetrics and gynecology training in family medicine, internal medicine, preventive medicine, psychiatry, and general surgery residencies
- Incorporation of public health emergency preparedness and response training

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

Provide a clear and detailed work plan in **Attachment 1** that describes activities or steps you will use to achieve each of the program goals and objectives listed under Section I.1 Purpose. Refer to a sample work plan at the following link: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx. You must:

1. Describe activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the "Methodology" section.
2. Describe timeframes and deliverables and identify faculty/staff and key partners responsible for executing each activity during the three-year period of performance.
3. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the grant.
4. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.

Note*: Identified key faculty/staff in the work plan must correspond with the staffing plan in* ***Attachment 2****. Key partners or GME consortium members must correspond with* ***Attachment 4*** *(Letters of Agreement).*

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

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

  Discuss challenges that you are likely to encounter in planning and developing a new rural residency program, and approaches that you will use to resolve these challenges. Clearly specify how the proposed methods in the "Methodology" section will overcome challenges and barriers identified. You must:

  1. Discuss challenges and barriers in implementing activities described in the work plan to achieve program goals and objectives, and propose reasonable strategies to address these challenges. Some examples may include inadequate obstetrics/maternal health and pediatric services or patient volume, recruiting specialty and subspecialty preceptors, and financial sustainability issues.
  2. Discuss any anticipated internal challenges (e.g., managing expectations among clinical training partners and sponsoring institution) and external challenges (e.g., regulatory changes, COVID-19 pandemic) that may directly or indirectly affect the development of the rural residency program and provide strategies for how these will be resolved.
  3. Describe challenges with incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care in the program curriculum and propose resolutions to these challenges.
  4. Describe strategies for recruiting a diverse cohort of high quality residents and faculty/preceptors to meet ACGME requirements.

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

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

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

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

  1. Describe the plan for the program performance evaluation that will meet ACGME accreditation requirements and promote continuous quality improvement. Propose clearly defined, viable metrics, including descriptions

of the inputs (e.g., key personnel, collaborative partners, and other resources), key processes, and meaningful expected outcomes of the funded activities.
2. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes.
3. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Prior to the end of the period of performance, award recipients will at a minimum report on the following outputs. Please provide anticipated values for these outputs in your application:

1. Number and type (i.e., model and specialty) of newly established rural residency programs
2. Number of residents each rural residency program can support at the onset
3. Number of residents each rural residency program will support once fully established (longer-term goal)
4. Number and type of existing clinical training sites for residents
5. Number and type of newly established clinical training sites for residents
6. Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site
7. Number and type of existing partnerships (e.g., non-clinical training site) that support the rural residency program
8. Number and type of newly established partnerships (e.g., non-clinical training site) that support the rural residency program

By the end of the period of performance, award recipients will be required to submit:

- Documentation of ACGME accreditation status and plans for future accreditation review and status maintenance;
- Detailed professional certification, training profile, and planned time dedicated to residency supervision and training of rural residency program or RTT leadership (Program Directors/Associate and Assistant Program Directors) and key clinical faculty, in line with the current ACGME accreditation requirements for these positions.

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

Applicants must propose a clearly defined, fact-based, validated sustainability plan to support the long-term financial sustainability for the new rural residency program beyond the RRPD period of performance. You must:

1. Describe a financial sustainability plan for supporting the costs of your rural residency program, including financial investments you have already made.

The financial sustainability plan must describe funding sources other than clinical revenue that are available or projected for the long term. For example, a critical access hospital or sole community hospital must obtain additional sustainability funding sources beyond solely clinical revenue to financially sustain a rural residency program.

2. Discuss the long-term financial outlook of all clinical training sites involved in the new rural residency program.
3. Discuss any foreseeable challenges and barriers (e.g., reliability of state or private funding sources) to your proposed sustainability plan, and how you will address these challenges and barriers.
4. Provide all required documentation (see options below) that demonstrates that the proposed sustainability plan is reasonable and feasible, and will result in long-term financial sustainability.

Rural residency programs and RTTs may employ different financial strategies utilizing various funding sources to ensure long-term sustainability suitable for their program, including, but not limited to, qualifying under current regulatory authority for Medicare GME and/or other public or private support.

Medicare GME Options

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

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

On December 27, 2020, Congress passed the Consolidated Appropriations Act (CAA), 2021 (P.L. 116-260) that included major GME provisions that promote physician residency training opportunities and closing the health equity gap in rural communities. At the time of this NOFO, these provisions have yet to be finalized and were included in the FY22 IPPS Proposed Rule. For the purposes of this

NOFO, applicants proposing any sustainability plan that relies on Medicare GME must select from the options below:

- Option 1 – Establishing a Medicare FTE Resident Cap
  Rural hospitals that have not yet triggered their PRA and do not yet have FTE resident caps set are eligible to select this option. To demonstrate that the PRA has not yet been triggered, rural hospitals must demonstrate that no prior residency training has taken place in their hospital and no previous caps have been set through a careful examination of past cost reports since 1996.
- Option 2: Rural Hospital "New" Residency Program
  Rural hospitals may be eligible to receive an increase in their Medicare FTE resident cap if they start a new medical residency training program in a specialty that has not previously trained in the rural hospital. For example, a rural hospital with an accredited family medicine residency program may be eligible for an increase in their resident cap if they start training residents in a new psychiatry program. Current Medicare regulations do not provide cap increases when a rural hospital expands the number of FTE residents in an existing program or if an existing residency program is transferred to a new training site.
- Option 3: Medicare FTE Resident Cap Expansion for RTTs
  Prior to the CAA of 2021, urban hospitals were allowed to increase their Medicare FTE resident cap to accommodate additional residents through the creation of, and participation in, a separately accredited RTT, as specified in the 1999 Balanced Budget Refinement Act. Per current Medicare regulations, urban hospitals with an existing RTT programs in the proposed specialty do not qualify for a Medicare FTE resident caps increase when starting a new RTT in the same residency specialty. However, the CAA of 2021 statutorily removes the separately accreditation requirement, providing greater flexibilities for urban hospital and rural hospitals to receive Medicare GME funding for new RTT programs regardless of specialty.

For any sustainability plan that relies on Medicare GME payments, you must provide documentation that:

1. Demonstrates that the rural hospital is physically located in a rural area in accordance with FORHP **and** CMS's definition of "rural" for the purposes of the IPPS wage index in **Attachment 6**. Hospitals that have reclassified as rural are rural for indirect medical education (IME), but not direct graduate medical education (DGME). To determine if a hospital is located in a county that is rural for CMS IPPS wage index purposes, review the "FY 2022 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2022 IPPS Final Rule Homepage.
2. Demonstrates that the rural hospital (and the urban hospital in the case of an RTT) is eligible for Medicare GME funding by providing the following documentation in **Attachment 7**:
   - Letter from hospital's Chief Executive Officer or other responsible leadership confirming a) the proposed program is new for purposes of Medicare GME funding and b) eligible for Medicare GME funding; and

- Letter from CMS or Medicare Administrative Contractor (MAC) that confirms that the hospital may be eligible to qualify for Medicare GME funding for the applicable option selected. A list and map of current MACs is located on CMS "Who are the MACs" page.

Note: *The Rural GME Analyzer tool examines publicly available CMS cost reports for prior resident training and is publicly available online. Applicants may use this as a starting tool for evaluating Medicare GME eligibility; however, applicants must confirm their Medicare GME eligibility and provide an eligibility letter from their MAC.*

Other Funding Options

Rural residency programs may also be supported by funds from sources other than Medicare. Examples include funding from Medicaid, Indian Health Services, state, or other public and private funding. For the purposes of this NOFO, if you propose a sustainability plan that relies on funding sources other than Medicare, you must select the option below:

- Option 4: Other public or private funding
  If you propose a sustainability plan that relies on public funding sources other than Medicare, you must demonstrate the long-term viability of the funding and clearly describe the funding mechanism in **Attachment 7**:
  - Application process (competitive vs. noncompetitive);
  - How your program qualifies for the funding; and
  - The anticipated award date and the expected duration and availability of the funding.

  If you propose a sustainability plan that includes private funding for ongoing support of your residency program, you must demonstrate the long-term viability of the funding and must provide a letter of agreement from the funder in **Attachment 7**, including:
  - The level of commitment to the sustainability of the program;
  - Funding amount and duration of funding; and
  - Potential future funding support (if applicable).

Program Sustainability Options Recap

In addition to describing the program sustainability within the project narrative, attachments are required for each of the program sustainability options. Below is a recap of the required documents.

Option Types (select one or more)	Entity	Program Sustainability Required Documents
Option 1: Establishing New Medicare FTE Resident Cap	Rural Hospital	**Attachment #6** – Provide proof of rural designation that meets both CMS definition of rural and FORHP definition of rural.
		Attachment #7 – Documentation that demonstrates Medicare GME eligibility for establishing a new Medicare FTE Resident cap and no prior residency training in the hospital, such as, MAC eligibility letter and letter from CEO or other leadership confirming no prior residency training in the facility.
Option 2: Rural Hospital "New" Residency Program	Rural Hospital	**Attachment #6** – Provide proof of rural designation that meets both CMS definition of rural and FORHP definition of rural.
		Attachment #7 – Documentation that demonstrates Medicare GME eligibility for establishing a "new" residency program and no prior training in the proposed specialty, such as, MAC eligibility letter and letter from CEO or other leadership confirming no prior training in specialty.
Option 3: Medicare FTE Resident Cap Expansion for RTTs	Rural hospital, community- based ambulatory patient care centers, public or private non- profit graduate medical education consortiums	**Attachment #6** – Provide proof of rural designation for the rural training partners that meets both CMS definition of rural and FORHP definition of rural.
		Attachment #7 – Documentation that demonstrates Medicare GME eligibility for establishing a new RTT residency program in the proposed specialty, such as, MAC eligibility letter and letter from CEO or other leadership confirming new RTT.
Option 4: Other Public or Private Funding	All Eligible Entities	**Attachment #6** – Provide proof of rural designation that meets FORHP definition of rural.
		Attachment #7 - Documentation that demonstrates eligibility for public funding (e.g., description of funding mechanism and award process) or private funding (i.e., letter of agreement from funder) indicating the amount awarded and duration; **and** documentation from organization's leadership demonstrating that this is a new rural residency or RTT program.

Note: *We encourage applicants to select more than one option to strengthen their sustainability plan, as appropriate. However, you must identify and provide all required documentation for all options selected.*

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #4 "Organization Resources and Capabilities"*

  In this section, you must demonstrate your capacity to carry out the proposed project activities and serve as the fiscal agent. Specifically, you must:

  1. Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide an organizational chart in **Attachment 5**.
  2. Describe how you will routinely assess and improve the unique needs of target populations and of the communities served.
  3. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
  4. If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

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

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

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

Include present membership on any Federal Government public advisory committee.

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

iii. Budget

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

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

Additionally, RRPD recipients may use funds for the following:

1. **Achieve accreditation**. You may use funding to support planning and development costs of establishing new rural residency programs at eligible facilities that demonstrate specific needs for family medicine, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology. Allowable expenses include costs associated with achieving program accreditation, including initial ACGME accreditation fees and travel to partner clinical sites of practice. RRPD recipients supported by this funding opportunity must obtain ACGME accreditation prior to the end of the RRPD period of performance and will be required to submit the appropriate ACGME documentation confirming application submission before the start of the third year of the award.

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

2. **Faculty recruitment, development, and retention**. You may use funding to support planning and development costs for building faculty and staff capacity through recruitment, training, and retention efforts (e.g., travel costs and conferences/training registration). Allowable expenses during the development stage include salaries for staff members such as program directors and other faculty involved in resident training.

3. **Curriculum development**. You may use funding to support curriculum development activities to meet ACGME program requirements and innovative approaches that would enhance the quality of rural residency training and address the health care needs of the rural community.

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

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

6. **Annual RRPD Meeting**. You may use funding to support travel costs for the RRPD Project Director and up to one key staff to attend a mandatory 2-day Annual RRPD meeting for each year within the period of performance. The RRPD Project Director at minimum is required to attend the Annual RRPD Meetings.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's SF-424 Application Guide for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

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

If your program proposal includes hiring new personnel, awarding contracts, or making subawards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform the total number of hours, travel costs, and the total estimated costs.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) 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: Work Plan

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training and experience working with the cultural and linguistically diverse populations served by their programs. Refer to Section IV.2.ii Organizational Information for biographical sketch format.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts *(project-specific)*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal (e.g., clinical training sites). Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including sponsoring institution, GME consortium members (if applicable), or other key partnerships.

Attachment 6: Rural Status Designation

Provide proof of rural designation of the proposed target area(s) and hospital(s). Applicants may consult the Rural Health Grants Eligibility Analyzer as a starting point. All applicants must provide proof of rural designation that meets the FORHP definition of rural. If an applicant proposes a sustainability plan that includes Medicare GME funding, they must demonstrate that the rural clinical partner(s), where greater than 50 percent of the training will occur, is rural according to CMS. To determine if a hospital is located in a county that is rural for CMS IPPS wage index purposes, download and review the "FY 2022 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2022 IPPS Final Rule Homepage. Note: Counties without a CBSA or CBSA Name listed in Columns D and E are considered rural for CMS purposes.

Attachment 7: Program Sustainability Documents

Provide documentation that supports the residency program sustainability plan during and after grant funding, for example, confirmation from Medicare Administrative Contractor (MAC) if proposing a sustainability plan that relies on Medicare GME funding. A list and map of current MACs is located on CMS "Who are the MACs" page. Refer to Section IV.2.ii Program Sustainability for required documentation for all program sustainability options.

Attachment 8: State Office of Rural Health Letter of Intent

Applicants are required to notify their SORH early in the application process of their intent to apply. Provide a copy of the letter or confirmation of contact. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH.

Attachments 9–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including other letters of support, proof of non-profit status, or indirect cost rate agreements.

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

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

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages. Instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *December 20, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The RRPD Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $750,000 total (inclusive of direct **and** indirect costs).

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2022 appropriation. The NOA will reference the FY 2022 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law.

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

- Resident salaries and benefits;
- Ongoing support for resident training (e.g., as a program sustainability plan);
- Acquiring or building real property; and
- Major construction or major renovation of any space. Note: Minor renovations or alterations are allowable.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Five review criteria are used to review and rank RRPD applications. Below are descriptions of the review criteria and their scoring points.

Criterion	Points
1. Purpose and Need	15
2. Response	35
3. Impact	35
4. Organization Resources/Capabilities	10
5. Support Requested	5
Total	**100**

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

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

- Describes the purpose of the proposed rural residency program, how it will address the rural workforce needs and likeliness to improve the health of population served.
- Demonstrates a significant workforce need and shortage in the proposed specialty among a high need rural population, including the use of appropriate data sources in the analysis of the limited health resources and burden of

diseases and/or conditions among rural residents within these communities (e.g. demographics, health outcomes, health disparities, barriers to access, etc.).
- Describes the rural health care delivery system and provides details on the specific needs of the organization and facility(s) to successfully establish the proposed rural residency program.
- Assesses the current graduate medical education landscape for the proposed target rural area(s), including existing or developing rural residencies programs, to determine the need for a new rural residency program. If there are existing rural residency programs, the application describes and demonstrates significant need for a new program.
- Describes progress towards planning and developing a new rural residency program, including characteristics of existing residency program partners and any consultations with the State Office of Rural Health.

Criterion 2: "RESPONSE (35 points) – Corresponds to Section IV's sub-sections – (a) "Methodology", (b) "Work Plan", and (c) "Resolution of Challenges"

Criterion 2(a): RESPONSE: METHODOLOGY (15 points) – Corresponds to Section IV's Corresponds to Section IV's "Methodology"

The quality and extent to which the application describes activities likely to successfully achieve the program goals and objectives stated in Section I.1 Purpose and establish a new rural residency program that is accredited by ACGME. Specifically, the application:
- Demonstrates clinical capacity to meet ACGME accreditation requirements by the end of the RRPD grant program period of performance (i.e., July 31, 2025), including dedicated supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties (e.g., adequate obstetrics training).
- Describes the organizational and program structure needed to meet ACGME requirements, including governance structure and the capacity of the organization to meet ACGME sponsoring institution requirements, hiring non-faculty staff, and acquiring access to electronic health records, library services, learning management systems, etc.
- Describes plan to appoint a residency program director by the start of year 2 of the grant (if not already hired) and a faculty recruitment and development plan, including recruiting faculty with specialty expertise to meet ACGME requirements for the proposed residency specialty.
- Describes a residency program education and training curriculum that will prepare residents to provide high quality care interprofessional education/training and culturally and linguistically appropriate care in rural communities.
- Describes a strategic recruitment plan to recruit a diverse cohort of high quality residents (to begin training no later than AY 2026) committed and willing to develop competencies to practice in rural communities.
- Describes a feasible graduate tracking plan that will track and publicly report residents' practice locations and retention in rural communities post-graduation for the new rural residency program.

Additionally, reviewers will assess the degree in which the application:

- Proposes a residency education program that will lead to successful board certification and readiness for clinical practice, including competencies and training in key specialty areas (e.g., obstetrics) upon completion of training.
- Proposes innovative approaches and/or emerging patient care or health care delivery strategies that will provide high-quality residency training.
- Proposes to integrate interprofessional education and practice into the rural residency program.
- Addresses the emerging rural population health needs (e.g., public health emergency response, infectious diseases, COVID-19), particularly among the health care safety net of the community it is serving.

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

The extent to which the proposed work plan will support the successful accreditation and establishment of a new rural residency training program that will start training residents no later than the academic year immediately following the final year of the RRPD period of performance (i.e., AY 2026). Reviewers will consider the extent to which the application:

- Provides a detailed and logical work plan that is capable of achieving program goals and objectives listed in Section I.1 Purpose of this NOFO.
- Provides a clear and complete work plan in ***Attachment 1*** describing timeframes, deliverables and key faculty/staff and partners required to execute each activity during the three-year period of performance.
- Clearly identifies key faculty and/or staff member responsible for each activity in the work plan, which should correspond with the staffing plan in **Attachment 2.**
- Clearly identifies activities requiring collaboration with relevant partners (including sub-award recipients), which should correlate with letters of agreements and/or memorandum of understanding provided in **Attachment 4**.

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

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

- Demonstrates an understanding of the challenges and obstacles of establishing a new rural residency program and proposes reasonable strategies to address these challenges. Some examples may include inadequate obstetrics/maternal health and pediatric services or patient volume, recruiting specialty and subspecialty preceptors, interprofessional health care, and financial sustainability issues.
- Describes and demonstrates an understanding of additional challenges both internal and external to your organization that may directly or indirectly affect the development of the program and provide a plan on how these will be resolved.
- Provides strong strategies for recruiting a diverse cohort of high quality residents and faculty/preceptors to meet program requirements.

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

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

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

- Demonstrates a strong plan to report on the measurable outcomes requested to achieve program goals and objectives, which includes both HRSA's performance reporting measures and the applicant's performance evaluation process dedicated to achieving ACGME accreditation.
- Proposes a clearly defined performance evaluation plan that will contribute to continuous quality improvement.
- Demonstrate adequate technical support capacity to conduct performance management and evaluation.
- Proposes reasonable solutions for overcoming potential obstacles for implementing program performance evaluation.
- Includes logical and well-supported anticipated values for the following outputs measures:
    1. Number and type (i.e., model and specialty) of newly established rural residency programs
    2. Number of residents each rural residency program can support at the onset
    3. Number of residents each rural residency program will support once fully established (longer-term goal)
    4. Number and type of existing clinical training sites for residents
    5. Number and type of newly established clinical training sites for residents
    6. Number of faculty and staff trained to teach, support and administer the curriculum at each rural residency program site
    7. Number and type of existing partnerships (e.g., non-clinical site rotation) that support the rural residency program
    8. Number and type of newly established partnerships (e.g., non-clinical site rotation) that support the rural residency program

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

The extent to which the application describes a clearly defined, fact-based, reasonable, and validated sustainability plan for the proposed rural residency program to support the residency after the period of federal funding under this award ends. Applications that lack a sustainability plan and the required documentation for the chosen sustainability option(s) will receive zero points for this section. Supporting documentation is required in **Attachments 6** and **7**. The reviewers will assess the quality and extent to which the application:

- Describes a plan for supporting the financial and programmatic sustainability of the new rural residency program. This must include funding sources other than clinical revenue and one (or a combination) of the funding options presented in Section IV.2.ii. Program Sustainability.

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

The reviewers will consider the following for each of the program sustainability options:

- For **Medicare Options 1**, **2**, and **3**, reviewers will consider the quality and extent to which the application describes a strategy to qualify for Medicare GME (i.e., DGME and IME payments) and the viability of the proposed strategy. Additionally, reviewers will consider the strength of all required supporting documentation provided in **Attachments 6** and **7** demonstrating eligibility for Medicare GME:
    1. Attachment 6 – Rural Status Designation:
        - Documentation demonstrating that the applicant organization and/or rural clinical training partner(s) is located in an area that meets both CMS **and** FORHP definitions of rural.
    2. Attachment 7 – Program Sustainability Documentation:
        - Letter from hospital's Chief Executive Officer or other responsible leadership confirming a) the proposed program is new for purposes of Medicare GME funding and b) eligible for Medicare GME funding; and
        - Letter from CMS or Medicare Administrative Contractor (MAC) that confirms that the hospital may be eligible to qualify for Medicare GME funding for the applicable option selected.
- For **Other Public or Private Option 4**, reviewers will consider the quality and extent to which the application demonstrates, through letters of agreement, that the proposed program will be permanently supported from sources other than Medicare (e.g., Medicaid, state, or other public or private funding). Reviewers will consider the degree to which the applicant explains the funding mechanism(s) and how the proposed program qualifies for the funding. Reviewers will also consider whether the proposed funding source would sufficiently sustain a rural residency program or RTT for the long term. For example, historically it is highly improbable that a critical access hospital or sole community hospital can financially sustain a residency program on clinical revenue alone, therefore such a situation would require additional sustainability funding sources to be identified other than revenue.

Note: *HRSA encourages applicants to select more than one sustainability option to strengthen their sustainability plan. Reviewers will consider the quality and extent to which an application selecting a combination of the four options above demonstrates meeting the criteria of each applicable option.*

Criterion 4: ORGANIZATION RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV's "Organizational Information"

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

- Describes the organization's current mission, structure, and scope of current activities for the applicant organization and other key partnerships.
- Describes how the program organizational structure and resources will contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects, including an organizational chart of the proposed project in **Attachment 5**.
- Demonstrates the aptitude and expertise required of faculty and staff needed to implement the proposed work plan, including biographical sketches of key personnel (i.e., grant Project Director (PD)/Principal Investigator (PI), residency program director, coordinator, and other key personnel) in **Attachment 3.**
- Provides a staffing plan in **Attachment 2** including short paragraphs on each key faculty or staff member identified in the work plan, with a brief description of staffs' relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program.

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

The extent to which the application proposes:

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

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

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Priority (2 points)
A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff will review and determine if the priority is met. The RRPD Program has one funding priority to improve the geographical distribution of rural residency training for states not previously awarded an RRPD grant. The maldistribution of residency training across the nation is a key contributing factor for physician workforce shortages and access in rural areas.[16] Several studies have found that training residents in rural areas increases the likelihood of graduates practicing in rural settings.[17]

You will be awarded two (2) priority points total if you propose to train residents in rural counties in the following states not previously awarded an RRPD award: AK, AZ, CO, FL, HI, IA, ID, IL, KY, LA, MI, MN, MT, ND, NE, NH, NJ, NV, RI, SD, UT, VA, VT, WI, and WY.

Funding Special Considerations and Other Factors
When two or more applicants propose to train residents in the same medical specialty and target area, HRSA will only fund one recipient in a residency specialty for that target area. If we receive multiple applications for the same specialty and target area, then only the highest ranked application in the target area will receive consideration for award within available funding ranges. HRSA will not consider applications proposing a new residency program in a target area currently served by a previously funded RRPD recipient in the same specialty as the proposed program.

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

[16] Council on Graduate Medical Education. Special Needs in Rural America: Implications for Healthcare Workforce Education, Training, and Practice. July 2020. Accessed https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/publications/cogme-rural-health-issue-brief.pdf
[17] Hempel S, Maggard Gibbons M, Ulloa JG, Macqueen I, Miake-Lye I, Beroes J, Shekelle P. Rural Healthcare Workforce: A Systematic Review. VA ESP Project #05-226; 2015.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. Non-discrimination legal requirements for recipients of HRSA federal financial assistance are available at the following address: https://www.hrsa.gov/about/organization/bureaus/ocrdi#non-discrimination. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

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

will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

1) **Quarterly Progress Reports**. The recipient must submit a progress report to HRSA on a quarterly basis to ensure applicants' proposed objectives are accomplished during each quarter of the project. The fourth quarterly report will include an annual progress update that requires the recipient to provide a comprehensive overview of their overall progress in meeting the project goals, as well as plans for grant activities in the upcoming budget year(s). More information will be available in the NOA.

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

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

4) **ACGME Application**. The recipient must submit an application in the ACGME Accreditation Data System (ADS) to initiate the ACGME accreditation process. The recipient must submit to HRSA the appropriate ACGME documentation confirming application completion and submission before the start of year 3 of the period of performance (i.e., before August 1, 2024).

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

Sheena Johnson, MPH
Health Insurance Specialist, Federal Office of Rural Health Policy
Attention: Rural Residency Planning and Development Program
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10W65D
Rockville, MD 20857
Telephone: (301) 945-9639
Email: ruralresidency@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772/ (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, November 4, 2021
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160 729 9636
Participant Code: 41475430
Weblink: https://hrsa-gov.zoomgov.com/j/1607299636?pwd=WlRLYXBqYzN0SUYyK0ZadGpja1UwZz09

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

Tips for Writing a Strong Application

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

Appendix: Resources

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

Accreditation Council for Graduate Medical Education

- Common Program Requirements: https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements/
- ACGME Rural Track Program Designation: https://www.acgme.org/What-We-Do/Accreditation/Medically-Underserved-Areas-and-Populations/
- General Accreditation Questions: accreditation@acgme.org

Health Resources and Services Administration Resources

- Federal Office of Rural Health Policy
  https://www.hrsa.gov/rural-health/index.html
- Bureau of Health Workforce
  https://bhw.hrsa.gov/
- National Health Service Corps (NHSC)
  https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf
- Teaching Health Center Graduate Medical Education (THCGME) Program
  https://bhw.hrsa.gov/grants/medicine/thcgme
- Council on Graduate Medical Education
  https://www.hrsa.gov/advisory-committees/graduate-medical-edu/index.html
- HRSA Data Warehouse
  https://datawarehouse.hrsa.gov/

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

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

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

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

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

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