U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Medicine and Dentistry

Teaching Health Center Planning and Development Program

Funding Opportunity Number: HRSA-22-107
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.530

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: August 30, 2021

SAM.gov and Grants.gov administrative flexibilities have been implemented. Please see Section IV.3 for more information.

Issuance Date: July 14, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Teaching Health Center Planning and Development (THCPD) Program. The purpose of this program is to make awards to establish new accredited or expanded community-based primary care residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, or geriatrics to support the expansion of the primary care physician and dental workforce in underserved communities.

The THCPD program aims to support the expansion of primary care residency training in community-based patient care settings by providing funds to support the development of new programs in these settings, which are often located in underserved areas where resources may not easily attainable. As such, THCPD funding may be utilized to support the development of new residency programs *only*.

The new community-based residency programs will: (1) achieve accreditation through the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA), (2) ensure a sustainability plan through public or private funding beyond the THCPD period of performance, and (3) track residents' career outcomes post-graduation, including but not limited to retention in rural and/or underserved communities.

Funds will support planning and development costs accrued while achieving program accreditation. Community-based ambulatory patient care centers are eligible to apply for a grant award.

Funding Opportunity Title:	Teaching Health Center Planning and Development Program
Funding Opportunity Number:	HRSA-22-107
Due Date for Applications:	August 30, 2021
Anticipated Total Annual Available FY 2021 Funding:	$25,000,000
Estimated Number and Type of Awards:	Up to 50 grants
Estimated Award Amount:	Up to $500,000 fully funded in Year 1 for the 2-year period of performance
Cost Sharing/Match Required:	No
Period of Performance:	December 1, 2021 through November 30, 2023 (2 years)
Eligible Applicants:	Eligible applicants are community-based ambulatory patient care centers which include, but are not limited to: • Federally qualified health centers; • Community mental health centers;

	• Rural health clinics; • Health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization; or • An entity receiving funds under Title X of the PHS Act. 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 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

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

Program Purpose
The purpose of this grant program is to support the development of new accredited primary care residency programs in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, and geriatrics to address the physician workforce shortages and challenges faced by rural and underserved communities.

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

This program aims to support the expansion of primary care residency training in community-based patient care settings by providing funds to support the development of new programs in these settings, which are often located in underserved areas where resources may not easily attainable. As such, THCPD funding may be utilized to support the development of new residency programs *only*; applications from existing residency programs (i.e. those already training residents) will not be considered. Programs wishing to expand primary care training in their residency program should submit an application for resident full-time equivalent (FTE) support through the Teaching Health Center Graduate Medical Education (THCGME) Program, announcement HRSA-22-105.

Program Goal
The goal for the THCPD program is for each recipient to establish a new community-based residency program that is accredited by the Accreditation Council on Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA) and has a strong sustainability plan for a stable future financial outlook by the end of the period of performance. All THCPD program recipients should be capable of effectively training physicians and/or dentists to practice in and meet the clinical needs of underserved populations. As a result, the proportion of graduates from these programs entering careers in practices primarily serving rural and underserved populations is expected to markedly exceed that seen in other residency training programs.

Funds provided through the THCPD program may be used to support the costs of establishing a community-based residency program. This includes costs associated with curriculum development; recruitment, training and retention of residents and faculty; resident stipends (after accreditation has been achieved), for a period of up to one year

during the 2-year period of performance; accreditation by the ACGME or CODA; and faculty salaries during the development phase.

Program Objectives

1) Residency Program Development – develop a new accredited community-based residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, psychiatry, obstetrics and gynecology, general dentistry, pediatric dentistry, or geriatrics that is ready to begin training its first class of residents no later than the academic year (AY) immediately following the end of the THCPD period of performance. In addition, programs should:
    A. Provide interprofessional training specific to the needs of their community which may include training with behavioral health professionals and paraprofessionals, nutrition specialists and pharmacists;
    B. Aim to decrease health care disparities by identifying and immersing trainees in the care of special populations that will be served by the training program such as members of tribal communities, veterans, people living with HIV, patients who are uninsured or underinsured, patients with substance use disorder, or other populations served by HRSA programs; and
    C. Address other known challenges specific to Teaching Health Center residency programs including, but not limited to, having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

2) Program Sustainability – have 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:
    A. State or other public and/or private support
    B. Combination of multiple funding streams (e.g., a mix of Department of Veterans Affairs, Indian Health Service, or other public funding)

Refer to Section IV.2.ii Project Sustainability for further details.

2. Background

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

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 38,320 FTEs between 2013 and 2025. Estimates project that there will be a shortage of 23,640 primary care physician FTEs by 2025.[1] The NCHWA also notes that the demand for dentists is projected to grow by

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA. "National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025".

20,400 FTEs – from 197,800 in 2012 to 218,200 in 2025 - a 10 percent increase in need. Moreover, all 50 states and the District of Columbia are projected to experience a shortage of dentists.[2] In addition to overall shortages, there is maldistribution of primary care providers, with rural and other underserved communities experiencing the greatest shortages.

Approximately 18 percent of the population, roughly 57 million individuals, live in rural communities.[3] Of the nearly 2,000 rural counties in the United States, 1,895 (95 percent) are entirely or partially in primary care health professional shortage areas (HPSAs).[4] However, higher primary care physician densities in rural areas correlate with increased quality of care and reduced rates of hospitalization for certain conditions.[5] Rural areas also often lack access to behavioral health providers that they critically need - 80 percent of non-core rural counties (i.e. those that lack an urban core) do not have a psychiatrist.[6] Enrolling trainees with rural backgrounds and training residents in rural settings are strategies shown to successfully encourage graduates to practice in rural settings.[7]

The Medicare Payment Advisory Commission (MedPAC) and other stakeholders have called for increasing the amount of Graduate Medical Education (GME) time spent in nonhospital settings, making changes to GME funding to advance goals such as increasing community-based care, and increasing the diversity of the pipeline of health professionals.[8] However, community-based ambulatory residency programs often face unique challenges and barriers not experienced by their traditional hospital-based counterparts. Common challenges often include a lack of sufficient community-based specialty and subspecialty preceptors willing to sponsor residents for educational/clinical rotations, and ensuring residents will encounter a sufficient patient volume to meet accreditation requirements. Section 749A of the PHS Act addresses these needs by authorizing development grants to cover the cost of establishing accredited primary care residency programs in community-based settings. The THCPD program provides funding to support including costs associated with curriculum

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November 2016. Available at: https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf.

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

[3] HRSA Federal Office of Rural Health Policy: https://www.hrsa.gov/rural-health/about-us/definition/index.html.

[4] Department of Health and Human Services, Health Resources and Services Administration Data Warehouse, October 2019.

[5] Alex McEllistrem-Evenson. Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us?: A Review of Rural Health Research Center Literature, 2000-2010. April 2011. Available at: https://www.ruralcenter.org/resource-library/informing-rural-primary-care-workforce-policy-what-does-the-evidence-tell-us-a.

[6] 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. Available at: https://www.ruralhealthresearch.org/publications/1058.

[7] Rosenthal TC, McGuigan MH, Anderson G. Rural residency tracks in family practice: graduate outcomes. Fam Med. 2000;32:174 –7.

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

development, recruitment, training and retention of residents and faculty, accreditation, and faculty salaries during the development phase of the eligible residency programs. Supporting the development of new community-based ambulatory residency programs will have a direct impact on increasing healthcare providers in rural and underserved areas. It is part of the Administration's commitment to addressing longstanding health inequities and expanding the pipeline of health care providers serving rural and underserved communities.

Findings from HRSA's Teaching Health Center Graduate Medical Education (THCGME) program (authorized by Section 340H of the PHS Act), which provides payments to support primary care medical and dental residency training in community-based ambulatory outpatient care settings, demonstrate the increased likelihood that residents who train in health center settings are more likely to practice in underserved settings after graduation. Since the program began in FY 2010, the THCGME Program has graduated 1,434 new primary care physicians and dentists. Cumulative follow-up data indicates that 65 percent of THCGME-funded graduates are currently practicing in a primary care setting and approximately 56 percent of the THCGME-funded graduating physicians and dentists are currently practicing in a medically underserved community and/or rural setting.[9]

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

In addition, to support THCPD award recipients, HRSA will fund a Teaching Health Center Planning and Development Technical Assistance (THCPD-TA) program (HRSA-22-108). The THCPD-TA awardee will work with THCPD program awardees to share resources. All THCPD awardees are required to collaborate with the TA program during the period of performance of this NOFO.

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the Health Workforce Glossary. In addition, the following definitions apply to the THCPD Program for Fiscal Year 2022:

1) **Approved graduate medical residency training program** – As defined in section 340H(j)(1) of the PHS Act [42 U.S.C. § 256h(j)(1)]) a residency or other postgraduate medical training program: 1) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and 2) that meets criteria for accreditation as established by the Accreditation Council for Graduate Medical Education or the American Dental Association's Commission on Dental Accreditation.

[9] Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce. THCGME Program Academic Year 2019-2020 Highlights. Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/thcgme-outcomes-2019-2020.pdf.

2) **Area Health Education Center (AHEC) Program**– As defined in Title VII, Section 799B(13) of the PHS Act [42 U.S.C. § 295p(13)], the term ‘‘area health education center program’’ means cooperative program consisting of an entity that has received an award under subsection (a)(1) or (a)(2) of section 751 [42 U.S.C. § 294a] for the purpose of planning, developing, operating, and evaluating an area health education center program and one or more area health education centers, which carries out the required activities described in section 751(c) [42 U.S.C. §294a(c)], satisfies the program requirements in such section, has as one of its principal functions identifying and implementing strategies and activities that address health care workforce needs in its service area, in coordination with the local workforce investment boards.

3) **Graduate Medical Education Consortium** – A collaboration between a community-based, ambulatory patient care center and community stakeholders (e.g., academic health centers, universities and/or medical schools, teaching hospitals), to form an entity that serves as the institutional sponsor of, and operates, an accredited primary care residency program. The community-based ambulatory patient care center plays an integral role in the academic, financial, and administrative operations of the residency program, as well as in the academic and clinical aspects of the program including, but not limited to: curriculum development, scheduling of clinical rotations, and selection of faculty, support staff and residents. The relationship between the THC and the consortium 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. Additional information about NPIs can be found at the following site: https://nppes.cms.hhs.gov/#/.

5) **Primary care residency program** - As defined in section 749A(f)(2) of the PHS Act [42 U.S.C. §293l-1(f)(2)], an approved graduate medical residency training program (as defined in section 340H) in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics.

6) **Rural Training Tracks (RTT)** – a rural residency program model that consists of partnerships between urban and rural clinical settings where the first year of training occurs within a larger community-based program such as a FQHC, and the final two years occur in a rural health community-based setting.

7) **Teaching Health Center (THC)** – As defined by section 749A(f)(3) of the PHS Act [42 U.S.C. 293l-1(f)(3)]), a community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health

Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $25,000,000 to be available to fund up to 50 recipients. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct costs and indirect costs, facilities and administrative costs) for the entire 2-year period of performance. The period of performance is December 1, 2021 through November 30, 2023 (2 years). Awards are fully funded at the outset for use over the period of performance.

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

III. Eligibility Information

1. Eligible Applicants

Applicants must meet all of the following criteria in order to be considered eligible for THCPD funding. Applicants that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

An eligible entity is **a community-based ambulatory patient care center** that:

i. Will operate an accredited primary care residency program. Specific examples of eligible outpatient settings include, but are not limited to:

- Federally qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. 1396d(l)(2)(B)];
- Community mental health centers, as defined in section 1861(ff)(3)(B) of the Social Security Act [42 U.S.C. 1395x(ff)(3)(B)];
- Rural health clinics, as defined in section 1861(aa)(2) of the Social Security Act [42 U.S.C. 1395x(aa)(2)];
- Health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as

defined in section 4 of the Indian Health Care Improvement Act [25 U.S.C. 1603]); and
- An entity receiving funds under Title X of the PHS Act.

The list of entities above is not exhaustive, but does reflect the intent of the program to provide training in community-based settings such as those served by the institutions listed.

OR

ii. Has collaborated to form a community-based **GME consortium** that will operate an accredited primary care residency program.

In order to satisfy accreditation, academic and administrative responsibilities, a community-based ambulatory patient care center may form a GME consortium with stakeholders (e.g., academic health centers, universities and/or medical schools) where the GME consortium will serve as the institutional sponsor of an accredited primary care residency program. The relationship between the community-based ambulatory patient care center and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

Within the consortium, the community-based ambulatory care center is expected to play an integral role in the academic, financial and administrative operations of the residency. THCPD payments must be used to support residency planning and development activities at the ambulatory training site.

B. Eligible Primary Care Residency Programs

Only specific residency training programs are eligible. According to statute (section 749A(f)(2) of the PHS Act [42 U.S.C.293l-1(f)(2)]), “primary care residency program” refers to a graduate medical or dental education residency training program in:

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

C. Accreditation/Institutional Sponsorship

The eligible community-based ambulatory patient care setting or GME consortium must propose to develop a new accredited residency program in one of the eligible primary care specialties. Once accreditation is achieved, the eligible community-based ambulatory patient care setting or GME consortium must be listed as the institutional sponsor by the relevant accrediting body (i.e. ACGME or CODA) and named on the program's accreditation documentation.

Programs receiving THCPD support should be ready to begin training their first class of residents no later than the academic year (AY) immediately following the end of the THCPD period of performance.

Non-community-based ambulatory patient care settings such as teaching hospitals, health care systems and/or networks, and academic institutions are **not eligible** to receive THCPD funding. Applications requesting funding to expand training at an existing residency program are not eligible. Entities that have achieved ACGME accreditation for a residency program in the above specialties by the application closing date are **not eligible.**

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $500,000 total costs (includes both direct costs and indirect, facilities and administrative costs) for the full period of performance non-responsive and will not consider it for funding under this notice.

Page Limit
HRSA will consider any application that exceeds the page limit referenced in Section IV.2 non-responsive and will not consider it for funding under this notice.

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

Multiple Applications
NOTE: Multiple applications from an organization are allowable. Entities seeking THCPD funding to support multiple new residency programs MUST submit a separate application for each individual residency program. If an entity is submitting multiple applications for different residency programs, please include a unique name for each training program in the project abstract to differentiate between applications.

Applications requesting funding to expand training at an existing residency program are not eligible. Applications from existing Teaching Health Center Graduate Medical Education (THCGME) recipients requesting funding to expand training in a THCGME-funded residency program will not be considered. However, applications from existing THCGME recipients applying for THCPD funding to develop a new, non-THCGME supported residency program are allowable (e.g., a THC receiving THCGME support for a Family Medicine program may apply for THCPD to support the development of a new program in Pediatrics at the THC).

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

Incomplete Application
Failure to include all required documents as part of the application may result in an application being considered 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. See Section IV.2.ii. Program Sustainability for more information on sustainability options.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

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

submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).
See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files included in the page limit shall not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-107, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 65 pages will not be read, evaluated, or considered for funding.**

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

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

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

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

i. ***Project Abstract***
Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an

attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide* .

In addition to the SF-424 R&R Application Guide requirements, the project abstract must include the following information below. The project abstract must be single-spaced and no more than one page in length.

Abstract Heading Content:

a. Eligible Entity Type - state the type and name of community-based ambulatory patient center based on Section III, A. Eligible Entities, and whether the community-based ambulatory patient care center will operate the residency program alone or as part of a GME consortium
b. Project Director Contact Information
c. Proposed Residency Type (e.g. Family Medicine residency)
d. Funding preference statement (if applicable)
e. Population Target Area(s)
f. Funding Amount Requested (total for the two-year project period)
g. Projected Number of Residents in the Program; and
h. Expected ACGME or CODA Accreditation and Residency Matriculation Dates

Abstract Body Content:

Brief overview of the project. This includes a description of the geographic area and target patient population and needs. Also include consortium partners (if applicable); clinical partnerships (e.g., affiliated hospitals, clinical sites, Veteran Affairs clinical sites); specific measurable objectives; expected outcomes of the project; and how the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project).

ii. ***Project Narrative***

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

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

  Briefly describe the purpose of the proposed project and clearly identify specific project goals, objectives, and expected outcomes. Summarize how the proposed project will address the health needs of the community, and how the expansion of family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry or geriatrics will increase access for the proposed target area(s).

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 community-based 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 in which the residency program will be located and the justification for why this geographic area was selected to develop a new residency program. To the extent possible, include data on 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 any special populations 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, patients who are un/under insured, patients with substance use disorder, or other groups served by HRSA programs and describe plans to decrease health care disparities.
3) 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.
4) Description of the health care delivery system and the specific needs of the facility(s) hosting the residency program. Include information on the organization's structure and the clinical and faculty capacity needed to support a new residency program.
5) Description of any residency programs (existing or in development) in the specialty area for which you are applying for funding, that serves the target area(s) where the proposed new residency program will be located.
6) Description of any progress that has already been made towards developing a residency program.
7) Characteristics of existing residency program partners that align with the purposes of this project and 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.

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

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

  Propose methods that will be used to address the stated needs and how they will achieve identified program goals and objectives. Clearly specify how the proposed methods will overcome challenges and barriers identified in the "NeedsAssessment" section above. Specifically, this section must include how you plan to achieve:

  1) ACGME or CODA accreditation for the new residency program by no later than the end of the program performance period (i.e., November 30, 2023). Applicants must describe:
     a. Clinical capacity to meet ACGME or CODA accreditation requirements including sufficient numbers of dedicated, supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties. *Note: This may be achieved through clinical training partnerships. In this case, Letters of Agreement must be submitted in* ***Attachment 3****.*
     b. Current organizational structure and plan to meet ACGME or CODA requirements, including governance structure and the capacity of the organization to meet ACGME or CODA sponsoring institution requirements. This may also include acquiring access to electronic health records, library services, learning management systems, etc.
     c. Faculty recruitment and development plan to support the residency program , including recruiting specialty faculty to meet ACGME or CODA 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 area(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. July 1, 2024). Applicant must describe a plan to:
     a. Recruit and support a diverse cohort of high quality residents, including outreach to medical students with rural and disadvantaged backgrounds.
     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 underserved and rural communities.

3) Tracking residents' career outcomes for a period of at least 5 years post- graduation from the 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, including but not limited to, practice specialty/sub-specialty and location. At a minimum, the graduate tracking plan should be equipped with the ability to accurately collect the following graduate measures:
        i. National Provider Identifier (NPI)
        ii. Practice location(s)
        iii. Specialty Area
        iv. Part-time or full-time practice status
    b. Track other practice characteristics and graduates' demographics.

Note: Award recipients should consider adding the performance measures related to accredited positions, admissions, and enrollees by year of training, by age, gender, race, ethnicity, location of training, new curriculum development, and faculty development and intent to be employed in underserved or rural areas, to the plan for tracking characteristics of practice and graduates. Award recipients that initiate their programs during the period of performance will be required to report on selected characteristics of enrollees and graduates. Refer to https://bhw.hrsa.gov/grants/reportonyourgrant for examples of performance data.

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

- Emerging patient-centered care or health care delivery strategies (e.g., patient-centered medical homes, telehealth etc.)
- Integration of interprofessional education and practice
- Integration of culturally and linguistically competent care
- Integration of oral health and/or mental health and substance use disorder treatment
- Plans to incorporate pandemic response into resident training models

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

  Provide a clear and coherent work plan describing the process to achieve each of the program goals/objectives in **Attachment 1**. A sample work plan can be found at http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

  The work plan must clearly:

  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 the timeframes and deliverables, and identify key faculty, staff and partners responsible for executing on each activity during the THCPD award 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 grant implementation;
  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; and
  5) Explain, if funds will be sub-awarded or expended on contracts, how your organization will ensure these funds are properly used and monitored, including having policies and procedures in place that meet or exceed therequirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

  Note: A complete staffing plan and job descriptions for key personnel must be submitted in **Attachment 2**. Letters of Agreement for key stakeholders involved in the work plan must be submitted in **Attachment 3** and/or **Attachment 6** (related to program sustainability).

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

  Discuss barriers and challenges likely to be encountered planning and developing a new community-based residency program. Specifically, applicants must address the following:

  1) Highlight any roadblocks you are likely to encounter in implementing activities described in the work plan and approaches that you will use to resolve these challenges.
  2) Describe any additional challenges both internal and external to your organization, including key stakeholders (e.g. sponsoring institution, clinical training sites, etc.), that may directly or indirectly affect developmentof the program. Discuss how these challenges will be resolved.
  3) Describe challenges and resolutions to incorporating

interprofessional health care, culturally and linguistically competent health care and innovative approaches to achieve health equity, and recruiting a diverse cohort of high quality residents.

4) Address other known challenges specific to community-based residency programs such as having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*

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

    Describe the plan for program performance evaluation that will meet ACGME or CODA accreditation requirements and promote continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

    Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes. You must 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, grant recipients must report on the following outputs. Please provide anticipated values for these outputs in your application:

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

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

- Documentation of ACGME or CODA 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 residency program leadership (e.g. Program Directors/Associate and Assistant Program Directors) and Key Clinical Faculty, in line with the current ACGME or CODA accreditation requirements for these positions.

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

  Applicants must propose a clearly defined, fact-based, validated sustainability plan to support the long-term financial sustainability for the new residency program beyond the THCPD period of performance. Health care sites sponsoring new residency programs through this grant program must additionally have a strong, long-term outlook in regard to their financial stability. The application must speak at least broadly to this institutional financial outlook.

  The application must clearly describe a financial sustainability plan for supporting the costs of the eligible residency program, including financial investments you have already made, any foreseeable challenges and barriers to your proposed sustainability plan, and how you will address these challenges and barriers. The financial sustainability plan must describe funding sources other than clinical revenue that are available or projected for the long term.

  Residency programs may be supported by funds from sources such as the Department of Veterans Affairs, Indian Health Service, HRSA, Medicaid, state, or other public and private funding.

  If you propose a sustainability plan that relies on public funding sources, you must clearly describe in **Attachment 5** the funding mechanism:

  - application process (competitive vs. noncompetitive)
  - how your program qualifies for the funding
  - 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 provide a letter of agreement from the funder, including:

  - the level of commitment to the sustainability of the program
  - funding amount and duration of funding
  - potential future funding support (if applicable).

THCPD applicants are encouraged to seek multiple funding options to support their program sustainability.

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

  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. Include an organizational chart in **Attachment 4** (refer to Section IV.2.v. Attachments). 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. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

  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. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

  - Senior/key personnel name
  - Position Title
  - Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
  - *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly

well suitedfor his/her role (e.g., PD/PI) in the project that is the subject of the award.

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

iii. *Budget*

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

Subawards/subcontracts

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

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

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

Additionally, THCPD recipients may use funds for the following:

1) **Curriculum development.**

2) **Recruitment, training and retention of faculty.** Planning and development costs can include building faculty and staff capacity through recruitment and training (e.g., travel costs and registration for meetings and trainings) and faculty retention efforts. Allowable expenses during the development stage include salaries for staff members such as program directors and other faculty involved in resident training.

3) **Resident Recruitment Costs**. Funding may be used 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 eligible primary care residency program 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 recruit.

4) **Resident Training Costs.** After accreditation has been achieved, THCPD funds may also be used to support resident stipends for a period of up to one year during the 2-year project period.

5) **Achieve accreditation**. Funding may be used to support planning and development costs of establishing new residency programs at eligible facilities that demonstrate specific needs for family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics. Achieving program accreditation and other associated costs accrued, including travel to partnering sites of practice and initial ACGME or CODA accreditation fees, can be included. THCPD recipients supported by this funding opportunity must obtain ACGME or CODA accreditation prior to the end of the THCPD period of performance.

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

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The current Executive Level II salary is $199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's SF-424 R&R Application Guide for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Justification Narrative

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

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

In addition to guidance provided in the above Budget section, the THCPD program requires the Budget Justification Narrative to be detailed and inclusive of program costs for the entire period of performance. Although awards are fully funded at the outset for use over the entire period of performance, applicants must also include within the budget justification a yearly breakdown of funds for each 12-month increment of activity (for each budget year of the project). The budget narrative should match the SF-424 R&R budget form line items and provide details of the allocation of the THCPD award funds.

If your program proposal includes hiring new personnel, awarding contracts, or making sub-awards, 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. Additionally, failure to execute any sub-awards or contracts in a timely manner, as noted in the work plan, may lead to administrative action, up to cancellation of the award.

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 (meal costs are unallowable unless in conjunction with allowable travel), and the total estimated costs.

Note: Thoroughly describe your requested amounts, but be concise. The budget narrative is not intended to expand the project narrative. Additionally, ensure that each item in the "other" category is justified.

Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability

Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested - the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested

v. Attachments

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

Attachment 1: Work Plan

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 R&R Application Guide*)

Keep each job description to two pages. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal (e.g., clinical site rotations, state, rural health organizations). 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.

Note: Letters of Agreement related to the sustainability options in Section IV.2.ii Program Sustainability should be included in **Attachment 5.** Memoranda of Understanding related to the funding preference should be included in **Attachment 6**.

Attachment 4: Project Organizational Chart

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

Attachment 5: Program Sustainability Documents

Applicants are required to provide documentation that supports their residency program sustainability plan during and after grant funding, such as Letters of Agreement for other public or private funding (if applicable). Refer to Section IV.2.ii Program Sustainability, for more information on program sustainability options.

Note: Letters of Agreement for non-sustainability related partnerships (e.g. rotations, staff capacity) should be included in ***Attachment 3.***

Attachment 6: Documentation of Area Health Education Center Program Affiliation (As Applicable)

To receive funding preference, applicants are required to provide a signed Memoranda of Understanding (MOU) that there is an existing affiliation agreement with an Area Health Education Center (AHEC) program. You must provide documentation of this qualification as specified in Section V.2 Review and Selection Process.

Attachment 7: Other Relevant Documents (Optional)

Include any other supplemental documents that are relevant to the application.

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

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the Federal award date.

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

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

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

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation

requirements contained in the Standard Form 424B R & R (SF-424B R & R) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *August 30, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The THCPD 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 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than $500,000 total (inclusive of direct **and** indirect costs) costs over the two-year period of performance.

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

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

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

There are certain funding restrictions associated with this award, including, but not limited to, the following unallowable costs:

- Ongoing support (beyond the two-year period of performance) for resident training (e.g., as a program sustainability plan)
- Acquiring or building real property
- Major construction or major renovation of any space.
- Note: Minor renovations or alterations are allowable

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The THCPD program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion	Points
1. Purpose and Need	15
2. Response to Program Purpose	30
3. Impact	35
4. Organizational Information, Resources and Capabilities	10
5. Support Requested	10
Total	**100**

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV.2 Purpose and Need

The extent to which the application:

- Describes the purpose of the proposed residency program and how it will address the workforce needs and likeliness to improve the health of populations served.
- Demonstrates a significant workforce need and shortage in the proposed specialty among a high need population, including the use of appropriate data sources in the analysis of the limited health resources and burden of diseases and/or conditions among medically underserved residents within these communities (e.g.demographics, health outcomes, health disparities, barriers to access, etc.).
- Describes the health care delivery system and provides details on the organization and facility(s) needs to successfully establish the proposed residency program.
- Assesses the current graduate medical education landscape for the proposed target area(s), including existing or developing primary care residencies, to determine the need for a new training program. If there are existing residency programs, the application describes and demonstrates significant need for a new program.
- Describes progress towards planning and developing a new residency program including characteristics of existing residency program partners that align with the purposes of this project and need for strengthening 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.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV.2 Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): METHODOLOGY/APPROACH (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach

The quality and extent to which the application describes activities likely to successfully achieve program goals and objectives and ACGME accreditation in establishing a new residency program. Specifically, the application:

- Demonstrates clinical capacity to meet ACGME or CODA accreditation requirements by the end of the THCPD grant program period of performance (i.e., November 30, 2023).
- Describes faculty recruitment and development, including recruiting faculty withspecialty expertise to meet ACGME or CODA requirements for the proposed residency specialty.
- Describes organizational and program structure needed to meet ACGME or CODA requirements, including governance structure and the capacity of the organization to meet ACGME or CODA sponsoring

institution requirements, hiring non- faculty staff, and acquiring access to electronic health records, library services, learning management systems, etc.

- Describes a residency program education and training curriculum that will prepare residents to provide high quality care in medically underserved and rural communities, including interprofessional education/training and culturally-linguistically appropriate care.
- Describes a strategic recruitment plan to recruit a diverse cohort of high quality residents (to begin training no later than July 1, 2024) that demonstrate a commitment and willingness to develop competencies to practice in medically underserved and rural communities.
- Describes a feasible graduate tracking plan that will track and publicly report residents' practice locations and retention in medically underserved and rural communities post-graduation for the new residency program.

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

- Proposes a residency education program that will lead to successful board certification and readiness for clinical practice upon completion of training.
- Proposes innovative approaches and/or emerging patient care or health caredelivery strategies that will provide high-quality residency training.
- Proposes to integrate interprofessional education and practice into the residency program.
- Addresses the medically underserved and rural population health needs, particularly among the health care safety net of the community it is serving.

Criterion 2 (b): WORK PLAN (10 points) – Corresponds to Section IV.2 Response to Program Purpose Sub-section (b) Work Plan

The extent to which the proposed work plan will support the successful accreditation and establishment of a new residency training program that will start training residents no later than the academic year immediately following the final year of the THCPD period of performance (i.e. by July 1, 2024).

Reviewers will consider the extent to which the application:

- Provides a detailed work plan that is logical and has objectives and goals that fulfill the purpose of the grant program and addresses identified needs to establish a new residency program.
- 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 3** and/or **Attachment 5** (related to program sustainability).
- Provides a complete work plan that represents the entire period of performance that includes goal(s), objective(s), and activities as they correlate with personnel responsible and feasible timelines for completion in **Attachment 1.**

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV.2 Response to Program Purpose Sub-section (c) Resolution of Challenges

The extent to which the application demonstrates an understanding of the challenges and obstacles of establishing a new residency program (e.g., incorporating innovative approaches, interprofessional health care, recruiting residents, etc.) and proposes reasonable strategies to address these challenges. The extent to which the applicant discusses any 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.

Criterion 3: IMPACT (35 points) – Corresponds to Section IV.2 Impact sub-section (a) Evaluation and Technical Support Capacity and sub-section (b) Project Sustainability

Criterion 3(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV.2 Impact sub-section (a) Evaluation and Technical Support Capacity

The quality and extent to which the application:

- Demonstrates the strength and effectiveness to report on the measurable outcomes requested to achieve program goals and objectives, which includes both HRSA's required performance measures and the applicant's own internal performance evaluation process dedicated to achieving ACGME or CODA accreditation, as outlined in Section IV.2.ii Project Narrative Evaluation and Technical Support Capacity section.
- Includes an evaluation plan that will contribute to continuous qualityimprovement, including rapid-cycle quality improvement strategies.
- Demonstrates adequate technical support capacity to conduct performance management and evaluation.
- Provides solutions for overcoming potential obstacles for implementing program performance evaluation.
- Reports on the specific measures:
    - Number and type (i.e., model and specialty) of newly established residency program
    - Number of residents each residency program can support at the onset
    - Number of residents each residency program will support once fully established (longer-term goal)
    - Number and type of existing clinical training sites for residents
    - Number and type of newly established clinical training sites for residents

- Number of faculty and staff trained to teach, support and administer the curriculum at each residency program
- Number and type of existing partnerships (e.g., non-clinical site rotation) that support the residency program
- Number and type of newly established partnerships (e.g., non-clinical site rotation) that support the residency program

Criterion 3(b): PROJECT SUSTAINABILITY (25 points) – Corresponds to Section IV's Impact sub-section (b) Project Sustainability

The extent to which the application describes a clearly defined, fact-based, reasonable, and validated sustainability plan for the proposed residency program to support resident training after the period of federal funding ends. Applications that lack sustainability plans meeting all of the requirements for the chosen sustainability option(s) will receive zero points for this section. Supporting documentation is required in **Attachments 5**. The reviewers will assess the quality and extent to which the application:

- Describes a plan for supporting the financial and programmatic sustainability ofthe new residency program. This must include funding sources other than clinical revenue and one (or a combination) of the funding options presented in the Project Narrative.
- Identifies challenges and barriers to the proposed sustainability plan and resolutions to address these issues. Describes financial investments alreadymade for the new rural residency program.
- Demonstrates a stable future financial outlook for the institutional and training sponsors.
- Provides strong supporting documentation for the proposed sustainability plan in **Attachments 5**.

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

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 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 contributeto meet and achieve program objectives and accreditation, including an organizational chart of the proposed project in **Attachment 4.**
- 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., Project Director (PD)/Principal

Investigator (PI), residency program director, coordinator and other key personnel) uploaded in the SF-424 R&R Senior/Key Person Profile (expanded) form.

- 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, and the extent to which the staffing plan is sufficient to achieve the goals of the project.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV.2 Budget Justification Narrative and SF-424 R&R budget forms

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, that 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 anticipatedprogram 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.2.iv. Budget Narrative, and 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 to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 749A of the Public Health Service (PHS) Act [42 U.S.C.293*l* -1(e)]. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. The Objective Review Committee will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows: Name of the funding preference(s): Affiliation with an area health education center program.

Qualification(s) to meet the funding preference(s): A preference will be granted to an application that documents an existing affiliation agreement with an area health education center program. In order to receive the funding preference, applicants must clearly indicate that they are applying for the funding preference in the Project Abstract and provide supporting documentation in Attachment 6.

The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review group.

Other Funding Factors
Applicants can apply to both HRSA-22-107 and HRSA-22-108, however HRSA will not make an award under this funding opportunity to the recipient of the HRSA-22-108 Teaching Health Center Program Development Technical Assistance Program.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.
HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

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

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

3. Reporting

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

A. **Quarterly Progress Reports**. The recipient must submit a progress report to HRSA on a quarterly basis. HRSA will verify that the approved and funded applicants' proposed objectives are accomplished during each quarter of the project. The Progress Report has two parts:

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

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

Further information will be available in the Notice of Award.

B. **Annual Performance Report.** The recipient must submit a performance report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. The performance report will address grant activities and outcomes during each year of the period of performance. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The performance measures for this program will include those outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

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

D. **Accreditation.** The recipient must submit to HRSA the appropriate ACGME or CODA documentation confirming attainment of accreditation for the residency program by the end of the period of performance (i.e. on or before November 30, 2023).

E. **Federal Financial Report**. A Federal Financial Report (SF-425) is required according to the schedule in the SF-424 R&R Application Guide. The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.
F. **Integrity and Performance Reporting**. The NOA will contain a provision forintegrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

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

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

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

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

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

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

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

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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

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

508 Compliance Disclaimer

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