

U.S. Department of Health and Human Services

# HRSA

Health Resources & Services Administration

## NOTICE OF FUNDING OPPORTUNITY

Bureau of Health Workforce

Division of Medicine and Dentistry

**Primary Care Training and Enhancement-Language and  
Disability Access (PCTE: LDA)**

**Funding Opportunity Number: HRSA-23-123**

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

**Assistance Listings Number: 93.884**

Fiscal Year 2023

**Application Due Date: July 3, 2023**

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

HRSA will not approve deadline extensions for lack of registration.

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

**Issuance Date:** May 26, 2023

Lauren Simons, MPH

Project Officer, Division of Medicine and Dentistry

Telephone: (301) 443-1632

Email: [PCTE-LDAFY23NOFO@hrsa.gov](mailto:PCTE-LDAFY23NOFO@hrsa.gov)

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

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

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Primary Care Training and Enhancement-Language and Disability Access (PCTE-LDA) Program. The purpose of the PCTE-LDA program is to develop curricula and to train medical students, physician assistant students, and primary care medical residents to provide high quality primary care services to individuals with limited English proficiency (LEP) and/or individuals with physical disabilities and/or intellectual and developmental disabilities (IDD) with goals of improving health outcomes for these populations.

Funding Opportunity Title:	Primary Care Training and Enhancement-Language and Disability Access (PCTE-LDA)
Funding Opportunity Number:	HRSA-23-123
Due Date for Applications:	July 3, 2023
Anticipated FY 2023 Total Available Funding:	\$8,150,000
Estimated Number and Type of Award(s):	Approximately 16 grant(s)
Estimated Annual Award Amount:	Up to \$400,000 per year – one focus area Up to \$600,000 per year – both focus areas
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023, through August 31, 2028, 5 years

<p>Eligible Applicants:</p>	<p>Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, academically accredited affiliated physician assistant training program, or a public or private non-profit entity that the Secretary has determined capable of carrying out such a grant.</p> <p>Accredited residency training programs in family medicine, general internal medicine, general pediatrics, or combined general internal medicine and general pediatrics (“med-peds”).</p> <p>Tribes and tribal organizations are also eligible to apply if otherwise eligible.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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**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](#), except where instructed in this NOFO to do otherwise. Visit [HRSA’s How to Prepare Your Application](#) page for more information.

**Technical Assistance**

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s [open opportunities](#) website to learn more about the resources available for this funding opportunity.

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# I. Program Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Primary Care Training and Enhancement-Language and Disability Access (PCTE-LDA) program. The purpose of the PCTE-LDA program is to develop curricula and to train medical students, physician assistant students, and primary care medical residents to provide high quality primary care services to individuals with limited English proficiency (LEP) and/or individuals with physical disabilities and/or intellectual and developmental disabilities (IDD) with goals of improving health outcomes for these populations.

The program has two focus areas:

### ***Focus Area: Language Assistance for Individuals with LEP***

Supports individuals with LEP by training primary care medical students, physician assistant students, or medical residents to provide culturally and linguistically appropriate health information and services. Trainees may participate in medical language immersion programs, and training should incorporate language resources available to residents in the program, including language immersion courses, language applications/software, language tools, and community resources. Residents and Physician Assistant (PA) students would be required to participate in a minimum two-month clinical rotation that provides health care services for individuals with LEP. Medical students would be required to participate in a minimum two-week clinical rotation.

### ***Focus Area: Care for Individuals with Physical Disabilities and/or IDD***

Supports primary care residents in developing culturally competent skills in providing care to individuals with physical and/or intellectual and developmental disabilities. Residents and PA students would be required to participate in a minimum two-month clinical rotation that provides health care services for individuals with physical disabilities and/or IDD. Medical students would be required to participate in a minimum two-week clinical rotation.

Applicants must focus on one or both of these focus areas and must identify which focus area they are proposing in the application.

## **Program Goal**

The goal of the PCTE-LDA program is to increase access to quality primary care services for individuals with LEP and/or individuals with physical disabilities and/or IDD.

## **Program Objectives**

1. Increase the number of primary care trainees (medical students, or physician assistant students, or medical residents) who are trained to provide culturally and linguistically appropriate care and services to individuals with LEP and/or individuals with physical disabilities and/or IDD.

2. Develop and implement a culturally competent didactic and clinical curriculum to educate primary care trainees, faculty, and preceptors to care for individuals with LEP and/or individuals with physical disabilities and/or IDD.
3. Provide opportunities for clinical training in community-based settings where medical students, physician assistant students, and medical residents can care for individuals with LEP and/or individuals with physical and/or IDD.

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

## 2. Background

The PCTE-LDA Program is authorized by Section 747 of the Public Health Service (PHS) Act (42 U.S.C. § 293k(a)).

Approximately 25 million people in the United States have limited English proficiency (LEP).<sup>1</sup> Sixty-one million speak another language besides English in their homes.<sup>2</sup> Language affects individuals' interactions with the health care system and the quality of care received. It can contribute to poor health outcomes, longer hospital stays and higher rates of hospital admissions.<sup>3</sup>

Individuals with disabilities experience health disparities resulting from the lack of accessibility and communication. Reports suggest that 1 in 7 American adults live with physical disability affecting their mobility.<sup>4</sup> Many patients may be deaf or hard of hearing, have speech or vision issues or experience an intellectual disability.<sup>5</sup> Health professionals have limited training in caring for individuals with disabilities and individuals with disabilities also experience barriers related to health literacy, continuity of care, and stigma.<sup>6</sup>

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<sup>1</sup> US Department of Health and Human Services. Office of Civil Rights. HHS Continues to Improve Access for LEP Individuals. (October 2021). Retrieved January 17, 2023 from, <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/hhs-continues-to-improve-access-for-lep-individuals/index.html>.

<sup>2</sup> IBID

<sup>3</sup> US Department of Health and Human Services. Center for Medicare and Medicaid Services. Providing Language Services to Diverse Populations: Lessons from the field. (Revision date July 2022). Retrieved January 6, 2023, from <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Lessons-from-the-Field.pdf>.

<sup>4</sup> VanPuymbrouck, L., *People With Disability Face Barriers to Basic Health Care*. US News and World Report, Oct. 4, 2019. Retrieved April 12, 2023, from <https://www.usnews.com/news/healthiest-communities/articles/2019-10-04/commentary-people-with-disability-face-barriers-to-basic-health-care>

<sup>5</sup> Centers for Disease Control and Prevention. *Disability and Health Information for Health Care Providers*. Retrieved April 12, 2023, from <https://www.cdc.gov/ncbddd/disabilityandhealth/hcp.html>

<sup>6</sup> Shady, k., Phillips, S., Newman, S. *Barriers and Facilitators to Healthcare Access in Adults with Intellectual and Developmental Disorders and Communication Difficulties: an Integrative Review*. Review Journal of Autism and Developmental Disorders. <https://doi.org/10.1007/s40489-022-00324-8>

## Program Definitions

The following definitions apply to the PCTE-LDA Program for Fiscal Year 2023 and the dictionary of key program-related terms in [Health Workforce Glossary also provides useful information](#).

**Limited English Proficiency (LEP)** are individuals for whom English is not their primary language and have limited ability to read, write, speak, or understand the English language.<sup>7</sup>

**Intellectual and developmental disabilities (IDD)** are differences usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

1. Intellectual disability starts any time before a child turns 18 and is characterized by differences with intellectual functioning and adaptive behavior.
2. Developmental disabilities are a broader category of lifelong challenges that can be intellectual, physical, or both.<sup>8</sup>

**Primary Care Trainees** – For the purposes of this NOFO are medical students, physician assistant students, or primary care medical residents.

**Residency**- For the purposes of this NOFO a residency program must be in family medicine, general internal medicine, general pediatrics or combined general internal medicine and general pediatrics (“med-peds”).

## 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 \$8,150,000 to be available annually to fund approximately 16 recipients. You may apply for a ceiling amount of up to \$400,000 annually (reflecting direct and indirect) per year if applying for one focus area or for a

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<sup>7</sup> Office of Civil Rights. Guidance to Federal Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons-Summary. Retrieved January 13, 2023, from <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html>.

<sup>8</sup> Eunice Kennedy Shriver National Institute of Child Health Development. About Intellectual and Developmental Disabilities. Retrieved January 13, 2023, from <https://www.nichd.nih.gov/health/topics/idds/conditioninfo#>.

ceiling amount up to \$600,000/year if applying for both focus areas. Your request for each subsequent year of the period of performance cannot exceed your year 1 request.

The period of performance is September 1, 2023, through August 31, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

### **Limitations on Indirect Cost Rates**

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

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible entities include accredited public or nonprofit private hospitals, accredited schools of allopathic medicine or osteopathic medicine, accredited academically affiliated physician assistant training programs, and a residency training program in family medicine, general internal medicine, general pediatrics or combined general internal medicine and general pediatrics (“med-peds”).

Tribes and tribal organizations are also eligible to apply if otherwise eligible.

Eligible applicants must provide documentation of accreditation from the relevant accrediting body as *Attachment 7*.

- Allopathic Medical Schools - Liaison Committee on Medical Education (LCME) or
- Osteopathic Medical Schools – American Osteopathic Association’s Commission on Osteopathic College Accreditation – (COCA)
- Physician Assistant Programs - Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- Primary Care Medical Residencies - Accreditation Council for Graduate Medical Education (ACGME)



## **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

## **3. Other**

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Fails to include all required documents as part of the application
- Fails to include the appropriate tables in Attachment 8, where required

### **Maintenance of Effort**

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2(b). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as *Attachment 4*.

HRSA will enforce statutory MOE requirements through all available mechanisms.

### **Beneficiary Eligibility Requirement**

A participant/trainee receiving support from grant funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended.

### **Multiple Applications**

Multiple applications from an organization with the same [Unique Entity Identifier](#) (UEI) are allowable; however, only one application from an organization with the same UEI will be funded. For example, an organization that operates a primary care residency program, PA program and medical school may submit an application for each, but only the one with the highest score has the potential to be funded.

Alternatively, an organization may submit an application that includes one or more eligible training programs (i.e., medical students and PA students; internal medicine and family medicine residencies).

HRSA will accept the last validated electronic submission for each unique proposal that is received before the Grants.gov application due date as the final and only acceptable application that will be evaluated.

## 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](https://www.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 [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

**Form Alert:** For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-123 to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in HRSA’s 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 budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist to assist you in completing your application.

#### Application Page Limit

The total number of pages that count toward the page limit shall be no more than the equivalent of **60 pages** when we print them. HRSA will not review any pages that

exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section 3. Eligibility Information of the NOFO.

These attachments don't count toward the page limit:

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

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-123 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-123 before the [deadline](#).**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in ***Attachments 11-15: Other Relevant Documents***.

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

### **Program Requirements and Expectations**

Applicants must focus on one or both of the two focus areas identified below.

#### ***Focus Area: Language Assistance for Individuals with LEP***

Successful recipients must address the following program expectations:

##### Program design and implementation

- 1) Develop and implement a didactic and clinical curriculum to educate primary care trainees (medical students, PA students, and/or primary care medical residents) to provide culturally competent and linguistically appropriate primary care services for

individuals with LEP. Applicants should detail how the curriculum will provide didactic and clinical training opportunities that:

- a. Provide training focused on primary care trainees' understanding and use of the language of population(s) to be served including participation in language immersion programs and other language learning tools specializing in health care;
  - b. Provide clinical training for a minimum of two months in community-based settings where medical students, physician assistant students, and/or primary care medical residents can care for individuals with LEP;
  - c. Teach patient advocacy, including both ensuring that patients understand the information being communicated by providers and that trainees' understand patients' preferences and needs; and
  - d. Increase trainees' understanding of health literacy and its impact on individuals with LEP to find, understand, and use health care information and services to inform and assist them in making health-related decisions.
- 2) Develop and implement strategic partnerships with community-based organizations that provide interprofessional services to train primary care trainees to care for individuals with LEP.

### Evaluation

- 1) Develop a plan for how this curriculum will be available to use with other students and residents after the grant project period is completed.2) Develop a plan to evaluate the program including:
  - a. Collection of post-graduation/program completer employment demographics of graduates/program completers from the training program for one-year after completion of the residency or medical/PA school:
  - b. Ensuring primary care trainees apply for a National Provider Identifier (NPI) number, as applicable, and collect the NPI numbers of trainees who participate in the program to assess longitudinal performance: and,
  - c. Award recipients must adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program, and award recipients are required to participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

### ***Focus Area: Care for Individuals with Physical Disabilities and/or IDD***

#### Program design and implementation

- 1) Develop and implement a culturally competent didactic and clinical curriculum to train primary care trainees (medical students, PA students, and/or primary care

medical residents) to support individuals with physical disabilities and/or IDD. Applicants should detail how the curriculum will provide didactic and clinical training opportunities that:

- a. Provide training focused on primary care trainees' understanding of how to assess, diagnose, manage, treat, refer, and advocate for individuals with physical disabilities and/or IDD;
  - b. Provide a minimum of two-month clinical rotation for primary care trainees at clinical sites that serve individuals with physical disabilities and/or IDD;
  - c. Teach patient advocacy, which includes both ensuring that patients with physical disabilities and/or IDD understand the information being communicated by providers and that trainees' understand patients with IDD preferences and needs; and,
  - d. Provide training opportunities to increase trainees' understanding of health literacy and its impact on individuals with physical disabilities and/or IDD to find, understand, and use health care information and services to inform and assist them in making health-related decisions.
- 2) Develop and implement strategic partnerships with and community-based organizations that provide interprofessional services to train primary care trainees to care for individuals with physical disabilities and/or IDD.

### Evaluation

- 1) Develop a plan for how this curriculum will be available to use with other students and residents after the grant project period is completed.
- 2) Develop a plan to evaluate the program including:
  - a) Collection of post-graduation/program completer employment demographics of graduates/program completers from the training program for one-year after completion of the residency or medical/PA school:
  - b) Ensuring primary care trainees apply for a National Provider Identifier (NPI) number, as applicable, and collect the NPI numbers of trainees who participate in the program to assess longitudinal performance: and,
  - c) Award recipients must adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program, and award recipients are required to participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

### **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 that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See Form Alert in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA’s [SF-424 R&R Application Guide](#). When applicable, identify if a funding preference is being requested. You must identify the focus area of this application and the primary care trainees to be trained (medical school students, PA students, or primary care residents).

**NARRATIVE GUIDANCE**

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

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

**ii. Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project. Successful applications will contain the information below. Use and cite demographic data whenever possible to support the information provided. Please use the following section headers for the narrative:

▪ **PURPOSE AND NEED** -- [Corresponds to Section V's Review Criterion 1](#)

In your application:

1. Briefly describe the purpose of the proposed project as it relates to the goal of this notice of funding opportunity.
2. Outline the needs of the training program to increase language and communication skills of trainees and its impact on individuals with LEP and/or to increase capacity for trainees to serve individuals with physical disabilities and/or IDD.

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

▪ **(a) WORK PLAN** -- [Corresponds to Section V's Review Criterion 2\(a\)](#)

In your application, provide a detailed work plan that demonstrates your ability implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. Include a brief narrative element outlined below, in addition to completing the SWP.

In your work plan (SWP and narrative section):

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
2. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
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 cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented and appropriately used.

The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goal for this NOFO must be entered in the Program Goal section of the SWP form.** For example, the goal in the Purpose section of the NOFO will need to be entered as the goal in the SWP

form. The two objectives noted on page 1 entitled Program Objectives are the two objectives to be used in the SWP. Sub-objectives can be tailored to the program objectives. For the purpose of this NOFO, please write in Health Equity in the “Other Priority Linkage” if the sub-objectives align with this priority. Form instructions are provided along with the SWP form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA electronic handbook (EHB) once award is made, to review and finalize the completed SWP.**

▪ (b) **METHODOLOGY/APPROACH** -- [Corresponds to Section V’s Review Criterion 2 \(b\)](#)

In your application, and consistent with the Program Requirements and Expectations in this NOFO:

1. List the project objectives (specific, measurable, achievable, realistic, and time-framed) and proposed activities, and provide evidence for how they link to the project purpose and needs. These are the same project objectives in the SWP.
2. Provide a training chart as **Attachment 8** that includes: (note: if you are doing both focus areas, please provide 2 training charts)
  - a) the total number of primary care medical students, PA students and/or residents in your program;
  - b) the projected number of primary care trainees trained per year by this grant program; and
  - c) the projected number of residents expected to complete the residency program for each year of the project period and medical school students or PA students expected to graduate.

Language Assistance for Individuals with LEP Primary Care Trainee Training Chart Example: (if applicable)

Year	Total Number of primary care trainees in your training program			Total Number of primary care trainees trained by the Focus: LEP			Projected Number of Primary Care trainees expected to complete the training program		
	Residents	PA students	Medical students	Residents	PA students	Medical Students	Residents	PA	Medical students
Year 1									
Year 2									
Year 3									
Year 4									
Year 5									

**Focus Area: Language Assistance for Individuals with LEP**

1. Describe how you plan to develop and implement a didactic and clinical curriculum to educate primary care trainees to provide culturally competent and linguistically appropriate primary care services for individuals with LEP, to include:



- a. Provide training focused on primary care trainees’ understanding and use of the language of population(s) to be served including participation in language immersion programs and other language learning tools specializing in health care;
- b. Provide clinical training for a minimum of two months in community-based settings where medical students, physician assistant students, and/or primary care medical residents can care for individuals with LEP;
- c. Teach patient advocacy, including both ensuring that patients understand the information being communicated by providers and that trainees understand patients’ preferences and needs; and
- d. Increase trainees’ understanding of health literacy and its impact on individuals with LEP to find, understand, and use health care information and services to inform and assist them in making health-related decisions.

Physical Disabilities/IDD Primary Care Trainee Training Chart Example:  
(if applicable)

Year	Total Number of primary care trainees in your training program			Total Number of primary care trainees trained by the Focus: Physical Disabilities and/or IDD			Projected Number of Primary Care trainees expected to complete the training program		
	Residents	PA students	Medical students	Residents	PA students	Medical Students	Residents	PA	Medical students
Year 1									
Year 2									
Year 3									
Year 4									
Year 5									

**Focus Area: Care of Individuals with Physical Disabilities and/or IDD:**

- 3) Describe how you plan to develop and implement a culturally competent didactic and clinical curriculum to support individuals with physical disabilities and/or IDD, to include:

Provide training focused on primary care trainees’ understanding of how to assess, diagnose, manage, treat, refer, and advocate for individuals with physical disabilities and/or IDD:

- a. Provide a minimum of two-month clinical rotation for primary care trainees at clinical sites that serve individuals with physical disabilities and/or IDD;
- b. Teach patient advocacy, which includes both ensuring that patients with physical disabilities and/or IDD understand the information being communicated by providers and that trainees understand patients with IDD preferences and needs; and,

- c. Provide training opportunities to increase trainees' understanding of health literacy and its impact on individuals with physical disabilities and/or IDD to find, understand, and use health care information and services to inform and assist them in making health-related decisions.
2. Describe how you plan to develop and implement strategic partnerships with community-based organizations that provide interprofessional services to educate primary care trainees to care for individuals with physical disabilities and/or IDD.

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

In your application:

1. Discuss challenges that you are likely to encounter in designing and implementing the activities described.
  2. Describe potential challenges with recruitment of primary care trainees (medical students, PA students and/or medical residents) and faculty/instructors in the clinical training sites.
  3. Discuss approaches that you will use to resolve challenges in arranging clinical rotations for the learning experiences described in the NOFO.
- *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 \(a\)](#)

In your application:

- Describe the systems and processes that will use to collect program performance information for the PCTE-LDA program. This should include your strategy for collecting, managing, and reporting required performance data in an accurate and timely manner. Performance measures have not been developed for this program yet, and measures and data forms are subject to change each academic year. Sample data elements that you may be required to collect include—but are not limited to—the following: Primary care trainees' (medical student, PA student, or medical resident) race, ethnicity, and gender
- Primary care trainees' (medical student, PA student or medical resident) disadvantaged background status
- Primary care trainees' (medical student, PA student or medical resident) clinical training setting

- Resident trainees' employment information at completion of the residency and one year later
  - PA student employment information one-year post graduation
1. Describe and document the procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for individuals participating in the Program. (Note: Trainees who receive HRSA funds as a result of this award are required to apply for an NPI for the purpose of collecting post-graduation employment demographics).
  2. Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Evaluations must adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#).
  3. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.
  4. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
- *(b) PROJECT SUSTAINABILITY--* [Corresponds to Section V's Review Criterion 3 \(b\)](#)

In your application:

1. Include a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; and (c) provide a timetable for becoming self-sufficient.
  2. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.
- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES --* [Corresponds to Section V's Review Criterion\(a\) 4](#)

In your application:

1. Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.

2. Describe tools and strategies for ongoing staff training, outreach, collaborations, communication, and information sharing/dissemination with efforts to involve communities.
3. Describe briefly what additional resources, including personnel or partners, are needed to accomplish the stated goals and objectives.
4. Include an organizational chart of the project (requested in Section IV.2.v./vi., **Attachment 2.**)
5. 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.
6. Include the staffing plan and job descriptions for key faculty/staff in the **Attachment 1.**
  - Describe the minimum qualifications for each faculty position in the job description.
  - Functional and program responsibilities should be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.
7. Include biographical sketches for key personnel in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package under “Mandatory.” Even though the document has an OMB clearance number, it is not a standard form but a format, and so biographical sketches do count against the page limit (See details below).
8. Describe organizations who will partner with yours to fulfill the goals of the program and meet the training objectives.
9. Include in **Attachment 3**, noting overall page limits, select copies of agreements, letters of support or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

### **Biographical Sketches**

Provide a biographical sketch for key faculty/staff contributing to the project. The information must be current, indicating the individual’s position and sufficient detail to assess the individual’s qualifications for the position being sought and consistent with the position description. **Each biographical sketch should be limited to one page as they count toward the overall page limit.** Include all degrees and certificates.

Biographical sketches should include the following information:

- Senior/key personnel name
- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
  - Language training or training in health care delivery for individuals with disabilities/IDD (including certificates or other training)
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their 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) 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.
- When applicable, biographical sketches must include training, language fluency and experience working with populations with disabilities that are culturally and linguistically different from their own.

### iii. **Budget**

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

#### Additional Budget Instructions:

##### Subawards/subcontracts

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2023, the salary rate limitation is \$212,100. Note that these or other applicable 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](#).

All budgets must provide sufficient details to fully explain and justify the resources needed to accomplish all program objectives.

In your application:

- Describe all line-item federal funds (including subawards) and matching non-federal funds proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, PCTE-LDA requires the following:

*Participant/trainee Support Costs:* For applicants with participants/trainees support costs that are not covered by Graduate Medical Education (GME) while in clinical rotations, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these resident costs, and includes a separate sub-total entitled “Total Participant/ Trainee Support Costs” which includes the summation of all participant/trainee costs. Participants/trainees are NOT your employees.

NOTE: Fringe benefits are not allowed for participants/trainees receiving stipend support while in rotations. Health insurance is allowable but grant funds cannot be used to pay for other fringe benefits, such as FICA, workers compensation, and unemployment insurance.

Stipends are allowable for the PA students, and primary care residents while in their clinical rotations in the amount of \$2,262 per month. This amount will be prorated for the student’s or resident’s clinical rotation if they train for more or less than one month. Residents and PA students may participate in more than one two-month clinical rotation. Stipends are not allowable for primary care residents if

supported by GME. Refer to the HHS Grants Policy Statement at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.

**Stipends are only for PA students and/or residents in the applicant organization's training program.**

*Preceptor Development Costs:* For applicants with preceptor support costs, description and the number of preceptors. Ensure that your budget breakdown separates the preceptor costs, and includes a separate sub-total entitled "total preceptor costs."

*Faculty Development Costs:* For applicants with faculty development costs, description and the number of faculty. Ensure that your budget breakdown separates the faculty costs, and includes a separate sub-total entitled "total faculty development costs."

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

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

As part of the application package submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

**vi. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) - required*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also 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 2: Project Organizational Chart - required**

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

**Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or contracts - as applicable**

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

**Attachment 4: Maintenance of Effort Documentation - required**

You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart like the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
<p>FY 2022 (Actual)</p> <p>Actual FY 2022 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p>FY 2023 (Estimated)</p> <p>Estimated FY 2023 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

**Attachment 5: Request for Funding Priority - as applicable**

To receive a funding priority, include documentation that you qualify for the priority. See [Section V.2.](#)

**Attachment 6: Request for Funding Preference - as applicable**

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

**Attachment 7: Documentation of Accreditation- required**

You must provide the documentation of accreditation from the appropriate accrediting body. Please do not provide the web link to the accreditation body's website.



*Attachment 8: Primary Care Trainee Training Chart - required*

You must provide the number of primary care trainees in a [training chart](#) who will be involved in the focus area of this application.

*Attachment 9: Letters of Support - as applicable*

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be dated and signed on organizational letter head specifically indicating a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

*Attachments 10-15: Other Relevant Documents - as applicable*

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

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

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

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

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change

is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

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

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

For more details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

**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 **July 3, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's [SF-424 R&R Application Guide](#) Section 8.2.5 for additional information.

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

The PCTE-LDA is not 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 5 years, at no more than \$400,000 per year (inclusive of direct and indirect costs) for one focus area, and up to \$600,000 per year (inclusive of both direct and indirect costs) for both focus areas.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

### **Project Director**

The Project Director (PD) must be a board-certified primary care physician or physician assistant and employed by the applicant organization at the time of application. The PD should dedicate approximately 20 percent of his/her time (may be in-kind or funded by grant funds) to grant activities.

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

- Stipends to primary care residents in their two-month clinical rotation if supported by GME. Stipends may only be provided to trainees while in two months clinical rotations.
- To pay fringe benefits for residents except for health insurance. Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits as classified by the institution for residents are not allowable costs under this grant.
- To acquire real property or for construction. You may use funds to pay for equipment costs only if equipment costs are directly related to the purposes of this award.

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like 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](#).

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

program income at [45 CFR § 75.307](#).

## V. Application Review Information

### 1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria.

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

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

Reviewers will consider the extent to which the application:

1. Describes the purpose of the proposed project as it relates to the goal of this notice of funding opportunity.
2. Documents the need of the training program to increase language and communicating skills needed by the primary care trainees and/or its impact on individuals with LEP and/or individuals with physical disabilities and/or IDD, including the social determinants of health and health disparities of population served.

*Criterion 2: RESPONSE TO PROGRAM PURPOSE (50 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges*

*Criterion 2 (a): WORK PLAN (20 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(a\) Work Plan](#)*

Reviewers will consider the extent to which the application:

1. Provides detailed activities or steps you will use to achieve each of the objectives and/or sub objectives proposed during the entire period of performance identified in the Methodology section that will achieve:

- a. Implementation of a didactic and clinical curriculum to educate primary care trainees to provide culturally competent and linguistically appropriate primary care services for individuals with LEP and/or
  - b. Implementation of a culturally competent didactic and clinical curriculum to support individuals with physical disabilities and/or IDD
2. Provides the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

*Criterion 2 (b): METHODOLOGY/APPROACH (25 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(b\) Methodology/Approach](#)*

Reviewers will consider the extent to which the application:

Lists the overall objectives used in the SWP (specific, measurable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs. The strength of the proposed goals and objectives and their relationship to the identified project.

1. Provides a resident training chart as **Attachment 8**.

*Focus Area: Language Assistance for Individuals with LEP*

1. Describes the didactic and clinical curriculum to be developed and how it will be implemented, including ensuring expert faculty, to train primary care trainees to provide culturally competent and linguistically appropriate primary care services for individuals with LEP, including how trainees will be trained through health care specific language immersion and other language training tools, and increase their understanding of health literacy and its impact on individuals with LEP to find, understand, and use health care information and to prepare trainees to understand patients with LEP's needs and preferences.
2. Describes how the proposed project will incorporate clinical rotations focusing on individuals with LEP for a minimum of two-months for primary care trainees in this focus area.

*Focus Area: Care for Individuals with Physical Disabilities and/or IDD*

3. Describes the didactic and clinical curriculum to be developed that trains primary care trainees in this focus area to assess, diagnose, manage, treat, refer, and advocate for individuals with physical disabilities and/or IDD.
4. Describes how the proposed project will incorporate clinical rotations for a minimum of two-months for primary care trainees in this focus area.
5. Describes how you plan to develop and implement strategic partnerships with community-based organizations that provide interprofessional services to educate primary care trainees to care for individuals with physical disabilities and/or IDD.

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

Reviewers will consider the extent to which the application:

1. Describes the challenges and obstacles described regarding the program implementation and activities outlined in the work plan and demonstrates resources to overcome these challenges for the achievement of the proposed goals and objectives.
2. Describes challenges in locating and providing clinical rotations for primary care trainees in focus area: LEP or Care of individuals with physical disabilities and/or IDD.

*Criterion 3: IMPACT (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability)*

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

Reviewers will consider the extent to which the application effectively reports on the measurable outcomes being requested, including both the internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include:

1. The extent to which the evaluation plan includes a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes including the extent to which the evaluation plan includes a procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for eligible individuals participating in the Program, as well as a process to track trainees after program completion/graduation for up to 1 year.
2. The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement and the strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles.
3. The extent to which the feasibility and effectiveness of plans for dissemination of project results is described. The extent to which project results may be national in scope, and the degree to which the project activities are replicable.

*Criterion 3 (b): PROJECT SUSTAINABILITY (5points) – [Corresponds to Section IV's Impact Sub-section \(b\) Project Sustainability](#)*

Reviewers will consider the extent to which the application:

1. Provide a plan for exploring opportunities to continue the training program and curricula beyond federal funding.
2. Proposes a timetable for becoming self-sufficient.
3. Describes how the plan addressed sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, lessons learned through innovative activities, evaluation beyond the duration of the project and how the enhancements will be incorporated into the training/curriculum.

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

Reviewers will consider the extent to which the application:

1. Describes the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project and training requirements.
2. Documents the mission of the applicant organization and the organization's commitment to providing services to communities with LEP, and/or physical disabilities and/or IDD.
3. Provides a staffing plan as **Attachment 1** and project organizational chart as **Attachment 2** that documents the qualifications of the project staff.
4. Provides evidence of institutional support such as letters of agreement and support, in kind contribution of faculty/instructors, consultants, staff and resources, and other partners providing support, provided in the **Attachments 3 and 9**.
5. Demonstrates program capacity to provide the type and volume of learning experiences, academic partnerships, and community resources needed for participants to meet the competencies and clinical training experiences required for the program.

*Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget and Budget Narrative](#)*

Reviewers will consider the extent to which the application demonstrates:

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results.
2. The completeness of the SF-424 R&R, and responsiveness to the budget information requested within this NOFO and SF-424 R&R Application Guide.

3. The key personnel have adequate time and effort devoted to the project to achieve project objectives.

## 2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

### Funding Priorities (5 points)

This Program includes a funding priority, as required by PHS Act section 747(a)(3) for applicants who can demonstrate that they train residents in rural areas, including for Tribes or Tribal Organizations in such areas.

**NOTE:** The funding priority is only applicable to primary care residency programs (internal medicine, family medicine, pediatrics and combination pediatrics and internal medicine).

#### Qualification:

An applicant can meet the funding priority qualification by documenting in a table as **Attachment 5** that they have trained primary care residents in the primary care residency program for which you are applying in Academic Year (AY) 2021-2022 in rural areas, including for Tribes or Tribal Organizations in such areas. HRSA staff will determine the funding priority and will grant it to any qualified applicant that demonstrates they meet the criteria for the funding priority as follows:

Name of Health Care Training Site	Full Address of Health Care Training Site	Is the Training Site Designated as Rural? <a href="#">Rural Health Grants Analyzer</a> (Yes/No)	Is the clinical site a federally recognized Tribe or Tribal Organization? <a href="#">Search Federally Recognized Tribes</a> (Yes/No)

### Funding Preferences

This program provides a funding preference for some applicants as authorized by 42 U.S.C. § 295j (Section 791 of the Public Health Service Act) which requires a funding preference for any qualified application ranked at or above the 20th percentile of proposals that have been recommended for approval by the peer review group.

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

**Attachment 6.**



Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

A total of one funding preference will be granted to any qualified applicant that provides the required data that demonstrates that they meet the criteria for the preference via one of the following qualifications.

**NOTE:** Applicants applying for a funding preference must provide data for all eligible training programs in your proposal. For example: if you are training PA students and medical students you must provide data for both of these training programs and meet the criteria of the funding preference to which you are applying for both training programs.

You can apply for more than one, but you will only be awarded one of the 3 funding preferences.

### **Medically Underserved Community (MUC) Funding Preference**

This preference focuses on the number of program completers from your residency training program that are employed in MUCs. To apply, you must provide and clearly label in **Attachment 6** that you are requesting consideration for the **MUC Funding Preference**. You must provide all the requested data shown below and you must include a description of how you determined the graduate practices in an MUC.

For this NOFO, a MUC is defined as a geographic location or population of people eligible for designation by the federal government as a:

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

Use the following link to determine whether the resident program completer is practicing in a medically underserved community: <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas>.

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

Qualification 1 has a high rate for placing graduates/program completers in practice settings that have the principal focus of serving MUCs. The graduates/program completers must represent the training program(s) for which you are applying.

To qualify for High MUC Placement Rate, an applicant must demonstrate that the percentage of graduates/program completers placed in practice settings serving MUC for AY 2020-2021 and AY 2021-2022 is greater than or equal to fifty (50) percent of all graduates/program completers.

To calculate the MUC preference with **medical school student graduates, or PA student graduates, or primary care medical residents program completers**, the numerators will be the number of graduates/program completers from AY 2020-2021 who are currently practicing in a MUC added to the number of graduates/program completers in AY 2021-2022 who are practicing in a MUC. Any graduates or program completers who are currently in residency or fellowship training are not considered in practice and should not be included in the numerator.

The denominator will be the total number of graduates/program completers in AY2020-2021 added to the total number of graduates/program completers in AY 2021-2022.

The applicant should report all graduates, regardless of their training's source of funding.

**N<sub>2020-2021</sub>** – Numerator (2020-2021) = the number of AY2020-2021 graduates/program completers currently in practice in MUC

**N<sub>2021-2022</sub>** – Numerator (2021-2022) = the number of AY2021-2022 graduates/program completers currently in practice in MUC

**D<sub>2020-2021</sub>** – Denominator (2020-2021) = the TOTAL number of graduates/program completers in AY2020-2021

**D<sub>2021-2022</sub>** – Denominator (2021-2022) = the TOTAL number of graduates/program completers in AY2021-2022

$$\text{High Rate} = \frac{\mathbf{N_{2020-2021}} + \mathbf{N_{2021-2022}}}{\mathbf{D_{2020-2021}} + \mathbf{D_{2021-2022}}} \times 100$$

Include the documentation, request for the funding preference and basis for the request in **Attachment 6**

High Rate = # of Graduates/Program Completers in AY 20-21 Employed in MUCs Plus # of Graduates/Program Completers in AY 21-22 Employed in MUCs <hr style="width: 50%; margin-left: 0;"/> Total # of Graduates/Program Completers in AY 20-21 Plus Total # of Graduates/Program Completers in AY 21-22	X100
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**Qualification 2: Significant MUC Placement Rate Increase**

Qualification 2 has a significant increase in placing graduates/program completers in practice settings that have the principal focus of serving medically underserved communities.

To qualify for Significant MUC Placement Rate Increase, an applicant must demonstrate a twenty-five (25) percent increase of placing graduates/program completers in medically underserved communities from AY 2020-2021 to AY 2021-2022.

Include the documentation, request for the funding preference and basis for the request in **Attachment 6**.

**N<sub>2020-2021</sub>** – Numerator (2020-2021) = the number of AY2020-2021 graduates/program completers currently in practice in MUC

**N<sub>2021-2022</sub>** – Numerator (2021-2022) = the number of AY2021-2022 graduates/program completers currently in practice in MUC

**D<sub>2020-2021</sub>** – Denominator (2020-2021) = the TOTAL number of graduates/program completers in AY2020-2021

**D<sub>2021-2022</sub>** – Denominator (2021-2022) = the TOTAL number of graduates/program completers in AY2021-2022

Significant Increase = $\{(N_{2021-2022}/D_{2021-2022})\} - \{(N_{2020-2021}/D_{2020-2021})\} \times 100$
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For qualification 1 and 2, any medical school student or PA student graduates/resident program completers that are currently in further training programs, such as another residency programs, further traineeships, or fellowships, are not considered in practice and should not be included in the numerator. The denominator will be the total number of medical school student or PA student graduates/resident program completers for AY 2020-2021 added to the total number of medical school student or PA student graduates/resident program completers in AY 2021-2022.

### **Qualification 3: Mechanism for New Training Programs to Qualify for the Funding Preference**

Qualification 3 serves as a pathway for new programs. New programs that meet at least four of the criteria described under Qualification 3 below shall qualify for a funding preference under this section.

Applicants who wish to request funding preference under Qualification 3 are to submit as **Attachment 6** documentation that they have graduated/completed less than three (3) classes including the year the new primary care residency, medical school or PA program was established; and meet at least four (4) of the seven (7) criteria.

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.

6. Resident assistance, which is linked to service in MUCs following graduation, is available to residents through the program.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

To apply for the MUC Preference as a new program, an applicant must submit a brief narrative entitled “New Program MUC Preference Request” in **attachment 6** that will:

- Describe how their program meets at least four of the seven criteria mentioned above.
- State the year the program was established and include justification of eligibility if the program was closed for at least 3 years, as described above; and
- Provide the total number of graduates for each year, including the current year, since the training program began or resumed activity after a temporary closure as described above.

**NOTE:** New “tracks”, such as primary care or rural tracks within existing residency programs **DO NOT** qualify for the MUC Preference as a New Training Program. Programs that have been significantly changed or improved with a new focus also **DO NOT** qualify for MUC Preference as a New Training Program.

### **Funding Special Considerations**

In addition to the ranking based on merit criteria, HRSA approving officials will aim for distributing funds broadly across both focus areas and across HHS-geographical regions. Therefore, HRSA reserves the right to fund applicants out of rank order when making final award determinations. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

### **3. Assessment of Risk**

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such

requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. 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 an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

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

### **Accessibility Provisions and Non-Discrimination Requirements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights

laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).<https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#)<https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

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

## [Executive Order on Worker Organizing and Empowerment](#)

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

### **Requirements of Subawards**

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

### **Data Rights**

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

### **3. Reporting**

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

- 1) Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance

information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

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

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

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

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

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

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

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:



- Project overview.
- Project impact.
- Prospects for continuing the project and/or replicating this project elsewhere.
- Publications produced through this grant activity.
- Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

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

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. No additional termination provisions apply unless otherwise noted.

## VII. Agency Contacts

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

Kim Ross  
 Grants Management Specialist  
 Division of Grants Management Operations, OFAM  
 Health Resources and Services Administration  
 phone: (301) 443-2353  
 Email: [Kross@hrsa.gov](mailto:Kross@hrsa.gov)

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

Lauren Simons  
 Project Officer, Division of Medicine and Dentistry  
 Attn: PCTE- LDA  
 Bureau of Health Workforce  
 Health Resources and Services Administration  
 Telephone: (301) 443-1632  
 Email: [PCTE-LDAFY23NOFO@hrsa.gov](mailto:PCTE-LDAFY23NOFO@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 dial 606-545-5035)

Email: [support@grants.gov](mailto:support@grants.gov)

[Self-Service Knowledge Base](#)

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

HRSA Contact Center

Telephone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

The EHBs login process is changing May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use Login.gov and two-factor authentication. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023, to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

## VIII. Other Information

**Technical Assistance** - See [TA details](#) in Executive Summary.

**Tips for Writing a Strong Application** - See Section 4.7 of HRSA's [SF-424 Application Guide](#).

## Appendix A: Page Limit Worksheet

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

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

<b>Standard Form Name (Forms themselves do not count against the page limit)</b>	<b>Attachment File Name (Unless otherwise noted, attachments count against the page limit)</b>	<b># of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form</b>
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	<i>My attachment = ____ pages</i>
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	<i>My attachment = ____ pages</i>
Project/Performance Site Location(s)	Additional Location(s)	<i>My attachment = ____ pages</i>
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	<i>My attachment = ____ pages</i>
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justification	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	8. Project Narrative	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	<i>My attachment = ____ pages</i>

<b>Standard Form Name (Forms themselves do not count against the page limit)</b>	<b>Attachment File Name (Unless otherwise noted, attachments count against the page limit)</b>	<b># of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form</b>
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	My attachment = ____ pages
RESEARCH & RELATED Other Project Information	11. Equipment	My attachment = ____ pages
RESEARCH & RELATED Other Project Information	12. Other Attachments	My attachment = ____ pages
Attachments Form	Attachment 1: <i>Staffing Plan and Job Descriptions for Key Personnel</i>	My attachment = ____ pages
Attachments Form	Attachment 2: <i>Project Organizational Chart,</i>	My attachment = ____ pages
Attachments Form	Attachment 3: <i>Letters of Agreement, Memoranda of Understanding, and/or Contracts</i>	My attachment = ____ pages
Attachments Form	Attachment 4: <i>Maintenance of Effort Documentation</i>	My attachment = ____ pages
Attachments Form	Attachment 5: <i>Request for Funding Priority</i>	My attachment = ____ pages
Attachments Form	Attachment 6: <i>Request for Funding Preference</i>	My attachment = ____ pages
Attachments Form	Attachment 7: <i>Documentation of ACGME Accreditation</i>	My attachment = ____ pages
Attachments Form	Attachment 8: Resident Training Chart	My attachment = ____ pages
Attachments Form	Attachment 9: <i>Letters of Support</i>	My attachment = ____ pages
Attachments Form	Attachment 10: <i>Other Relevant Documents</i>	My attachment = ____ pages
Attachments Form	Attachment 11: <i>Other Relevant Documents</i>	My attachment = ____ pages

<b>Standard Form Name</b> <i>(Forms themselves do not count against the page limit)</i>	<b>Attachment File Name</b> <i>(Unless otherwise noted, attachments count against the page limit)</i>	<b># of Pages</b> <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 12: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
<b># of Pages Attached to Standard Forms</b>		<b>Applicant Instruction:</b> Total the number of pages in the boxes above.
<b>Page Limit for HRSA-23-123 - 60 pages</b>		<b>My total =        pages</b>