U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Geriatrics Workforce Enhancement Program Competing Supplement

Funding Opportunity Number: HRSA-21-111
Funding Opportunity Type(s): Competing Supplement

Assistance Listings (CFDA) Number: 93.969

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 14, 2021

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

Issuance Date: April 30, 2021

Nina Tumosa, Ph.D.
Lead Public Health Analyst, Bureau of Health Workforce
Telephone: (301) 443-5626
Email: ntumosa@hrsa.gov

Authority: 42 U.S.C. §§ 294 and 294c(c) (Title VII of the Public Health Service (PHS) Act (42 U.S.C. 294c) sections 750 and, 753(a)), as amended by section 3403 of the Coronavirus Aid, Relief, and Economic Security Act (Pub.L. 116-136), and 42 U.S.C. § 298 (PHS Act section 865).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Geriatrics Workforce Enhancement Program (GWEP) Competing Supplement. The purpose of this Competing Supplement is to provide COVID-19 specific education and training to the nursing home workforce, and nursing home residents, and their family and caregivers and to improve care to nursing home residents.

Eligible applicants are recipients currently funded under the Geriatrics Workforce Enhancement Program announcement number (HRSA-19-008.)

Funding Opportunity Title:	Geriatrics Workforce Enhancement Program Competing Supplement
Funding Opportunity Number:	HRSA-21-111
Due Date for Applications:	June 14, 2021
Anticipated Total Annual Available FY 2021 Funding:	$2,000,000
Estimated Number and Type of Award(s):	Up to 11 cooperative agreements
Estimated Award Amount:	Up to $187,500 per year, subject to the availability of funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through June 30, 2023 (2 years)
Eligible Applicants:	Eligible applicants are recipients currently funded in the Geriatrics Workforce Enhancement Program (HRSA-19-008). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

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

Table of Contents

I. Program Funding Opportunity Description

1. Program Purpose

This notice announces the opportunity for recipients who are currently funded in the Geriatrics Workforce Enhancement Program (HRSA-19-008) to apply for supplemental funding under the Geriatrics Workforce Enhancement Program (GWEP) Competing Supplement. The purpose of this Competing Supplement is to create and deliver COVID-19 specific education and training to the nursing home workforce and nursing home residents and their families and caregivers within the context of the age-friendly health systems framework. This training must address best practices regarding the management and treatment of older adults living in nursing homes, including those living with dementia, those who are at risk of contracting COVID-19 or who are currently ill with COVID-19, their families and caregivers who have been impacted by COVID-19, and families and caregivers of persons who have died of COVID-19.

Program Goal
The goal of this Competing Supplement is to 1) educate and train the nursing home workforce, and nursing home residents and their families and caregivers, to care for nursing home residents and their families and caregivers during the COVID-19 pandemic and the recovery phase, and 2) to partner with nursing homes and community-based organizations to address gaps in health care for nursing home residents, promote age-friendly nursing homes, and address the social determinants of health, as related to the COVID-19 pandemic.

Program Objectives
1. Develop partnerships with nursing homes and community-based organizations to provide value-based care that improves health outcomes for nursing home residents who have been impacted by COVID-19.
2. Using Project ECHO technology, educate and train the nursing home workforce on how to care for nursing home residents, including those living with dementia, and their families and caregivers during the COVID-19 pandemic and the recovery phase.
3. Provide education and training on COVID-19 vaccines options, administration, delivery, storage, safety and side effects; behavioral and mental health, and the impact of disparities on health outcomes as related to the COVID-19 pandemic.
4. Provide outreach, including connecting families with community-based resources, to families and other caregivers of persons living in nursing homes that have been impacted by COVID-19, including connecting families with community-based resources.
5. Develop two modules to be shared with all GWEPs, one that specifically addresses health disparities in the recipient's HHS geographical region, and the second one having a national focus, to be added to similar modules produced by the other successful Competing Supplement recipients, to disseminate as a national curriculum of COVID-19 management and treatment in nursing homes.

2. Background

This program is authorized by 42 U.S.C. §§ 294 and 294c(c) Title VII of the (Public Health Service (PHS) Act (42 U.S.C. 294c) sections 750 and 753(a)), and Title VIII Section 865, as amended by Section 3403 of the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116-136) and 42 U.S.C. § 298 (PHS Act section 865).

COVID-19 has changed older adult's daily routines, the care and support they receive, and their ability to stay socially connected with others. Since the beginning of the pandemic the health impact of COVID-19 on older adults has been great, especially those in long-term care facilities and congregate settings. As of February 11th 2021, COVID-19 has claimed 166,403 lives in long-term care facilities, 36% of all reported COVID-19 cases in the United States.[1] Patients with dementia, especially people of color, are at significantly higher risk for COVID-19 infection and poor outcomes, which highlights the need to protect patients living with dementia during the pandemic.[2] Myths are widely prevalent about new diseases and can have a huge impact on health care sought by different cultures.[3] Myths about the current COVID-19 pandemic have impacted public health and the disease's transmission. Evidence-based studies about infection control in nursing homes indicate that multiple factors impact the spread of the infectious agents (such as COVID-19, although this paper did not explicitly address COVID-19), and reduce deaths, such as RN staffing and quality ratings.[4] Education about these new results is key to debunking the myths and improving patient outcomes.

Additional information on the Bureau of Health Workforce programs and COVID-19 response can be found at https://www.hrsa.gov/opa/covid-19-resources.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. In addition, the following definitions apply to the Geriatrics Workforce Enhancement Program Competing Supplement for Fiscal Year 2021.

Age-Friendly Health System means a health care system that improves the quality of care for older adults and optimizes value for health systems by providing older adults with the best care possible; reducing health care related harms to older adults to close to zero; satisfying older adults with their care; and optimizing value for individuals including patients, families, caregivers, direct care workers, health care professionals, and health professions students, residents, fellows, and faculty, and health systems.

---

[1] Aging & COVID-19: Vaccination, Mental and Physical Health, and Isolation. Retrieved on February 25 from (https://nihcm.org/publications/aging-covid-19-vaccination-mental-and-physical-health-and-isolation).
[2] Wang QQ, Davis PB, Gurney ME, Xu R. COVID-19 and dementia: Analyses of risk, disparity, and outcomes from electronic health records in the US. *Alzheimer's Dement*. 2021; 1-10. doi: 10.1002/alz.12296.
[3] Sahoo S, Padhy SK, Ipsita J , Mehra A, Grover S. Demystifying the myths about COVID-19 infection and its societal importance. *Asian J Psychiatr. 2020;* 54:102244.
[4] Petrovsky DV, Sefcik JS, Hanlon AL, Lozano AJ, Cacchione PZ. Social Engagement, Cognition, Depression, and Comorbidity in Nursing Home Residents With Sensory Impairment. *Res Gerontol Nurs*. 2019; 12:217-226.

The essential elements of age-friendly health systems are a) What Matters (to the older adult); b) Medication; c) Mentation; and d) Mobility.

Caregiver means a family member, friend, neighbor or other individual who provides unpaid assistance to a person with a chronic illness or disabling condition.

Certified Nursing Assistant (CNA) Program means a certified nursing assistant (CNA) program provided by a community college, trade school, or medical facility that provides a 6-to-12 week CNA certificate program that is approved by the state's nursing board.

COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019. [5]

Direct Care Worker means an individual employed to provide hands-on support to help people with disabilities, and older adults, to perform everyday activities.

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

Nursing Homes, also called skilled nursing facilities, provide a wide range of health and personal care services. Their services focus on medical care more than assisted living facilities do. These services typically include nursing care, 24-hour supervision, three meals a day, and assistance with everyday activities. Nursing home residents live there permanently because they have ongoing physical or mental conditions that require constant care and supervision.

Nursing Home Workforce includes health care professionals, direct care providers including certified nursing assistants and personal care attendants, nursing facility staff and support staff, and nursing home administrators.

Project ECHO is a lifelong learning and guided practice model that increases health workforce capacity to provide best-practice specialty care and reduce health disparities. The model includes a hub-and- poke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.[6]

Stipend means a payment to an individual to help meet that individual's subsistence expenses during the training period. Stipends are not salary, and should not be

---

[5] https://www.cdc.gov/dotw/covid-19/index.html

[6]University of New Mexico School of Medicine. Retrieved on February 25, 2021 from https://echo.unm.edu/.

provided as a condition of employment with either the federal Government or the recipient/subrecipient organization.

Telehealth means the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Value-based care refers to a form of reimbursement that ties payments for care delivery to quality of care provided. It supports better care for individuals, better health for populations, and lower costs. [7]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA program involvement will include:
- Providing guidance to ensure that you address a variety of vulnerable populations when you produce two curriculum modules - one that specifically addresses health disparities in your HHS geographical region in year 1, and the second one having a national focus, in years 1 and 2.
- Assigning specific module topics to reasonable substitutes should any HHS geographical regions not be represented in the group of Competing Supplement award recipients.
- Reviewing module content, as appropriate, in years 1 and 2.
- Providing assistance in documentation of the impact of education and training in advance care planning and depressive symptoms in years 1 and 2.

---

[7] Centers for Medicare & Medicaid Services. Retrieved on February 25, 2021 from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html.

The cooperative agreement recipient's responsibilities will include:
- Developing an Advisory Council that includes patients, families and caregivers to assist them in developing the content of their regional curriculum modules in year 1.
- Using telehealth modalities adopted in the past 12 months in response to the COVID-19 pandemic to provide outreach to patients, families and caregivers and apply to nursing home residents and their families and caregivers in years 1 and 2.
- Developing and disseminating two curriculum modules in year one and continuing with the national dissemination of the modules in year 2.
- Using Project ECHO to disseminate training about COVID-19 to the nursing home workforce in both year 1 and 2 that complements the Institute for Healthcare Improvement's infectious disease curriculum that is being distributed via the AHRQ Project ECHO National Nursing Home COVID-19 Action Network to provide nursing homes with practical, useful information, skills, and resources.[8] The training provided by this Competing Supplement will concentrate on geriatrics syndromes, including dementia, in vulnerable, underserved populations, as well as the impact of health disparities and social determinants of health, rather than on infectious disease.

2. Summary of Funding

HRSA estimates approximately $2,000,000 to be available annually to fund 10 -11 recipients. You may apply for a ceiling amount of up to $187,500 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through June 30, 2023 (2 years). Funding beyond the first year is subject to the availability of appropriated funds for GWEP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

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

---

[8] University of New Mexico School of Medicine Project Echo. Retrieved on April 27, 2021 from https://hsc.unm.edu/echo/institute-programs/nursing-home/pages/nursing-home-info.html.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are recipients currently funded in the Geriatrics Workforce Enhancement Program (HRSA-19-008).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

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

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) (PHS Act section 797(b)). Complete the Maintenance of Effort information and submit as *Attachment 5*.

Multiple Applications:
Multiple applications from an organization are not allowable. An organization is a current recipient of the Geriatrics Workforce Enhancement Program (GWEP) (HRSA-19-008) cooperative agreements.

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

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

Beneficiary Eligibility
A student/trainee receiving support from grant funds must be a citizen, national, or permanent resident of the United States.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **40 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-111, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 40 pages will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 8: Other Relevant Documents*.

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

Program-Specific Instructions

Program Requirements

Within the context of the age-friendly health framework, programs <u>must</u>:

1. Using Project ECHO (Extension for Community Healthcare Outcomes), educate and train the nursing health care workforce, direct care workers and other facility staff on how to care for nursing home residents, including those living with dementia, and their families and caregivers during the COVID-19 pandemic and the recovery phase. Education and training must include information about vaccination issues such as COVID-19 vaccines options, administration, delivery, storage, safety and side effects; behavioral and mental health; and the impact of disparities on health outcomes following COVID-19 infection, by developing and disseminating linguistically and culturally appropriate training and education;
2. Provide telehealth/telemedicine outreach programming about COVID-19 to families and other caregivers of persons living in nursing homes who are at risk of COVID-19 infection, those who have the infection, and those who have died of the infection while living in the nursing home, especially in rural and medically underserved areas;
3. Develop in conjunction with other COVID-19 Competing Supplemental funding recipients a national curriculum of COVID-19 management and treatment in nursing homes; each Competing Supplemental award recipient will create two modules, one that specifically addresses health disparities in your HHS geographical region, and the second one having a national focus; and

4. Evaluate the impact of COVID-19 education and training on de-identified patient outcomes, by collecting and reporting to HRSA in the final report MIPS Measures 047 (Advance Care Plan) and NQF#0690 (percent of residents who have depressive symptoms, long stay).

Applicants are encouraged to partner with other GWEP award recipients in their HHS geographical region.

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

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

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

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

ii. *Project Narrative*

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

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

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1*

This section will help reviewers understand the organization that would receive funding as well as the needs of the population and geographical areas impacted.

Describe the purpose and need for the proposed project, including the following:

1. How the age friendly health systems framework will be used to provide linguistically and culturally appropriate education and training on COVID-19 to the nursing home workforce, direct care workers, nursing facility staff, nursing home residents, including those living with dementia, and their family members and caregivers.

2. Data on demographics, social determinants of health and health disparities faced by the nursing home populations served.
3. Gaps in current training on COVID-19 in nursing homes.
4. Number of nursing homes needing education and training in your HHS geographical region who will receive support from this funding.
5. Which regional nursing homes already have access to Project ECHO and how you plan to expand access to other regional nursing homes.
6. How the unique needs of the nursing home populations are routinely assessed and improved.

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

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

- Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.).
    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 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.
    5. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*
    1. Describe your overall objectives (specific, measureable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.
    2. Describe how you plan to develop effective tools and strategies for training, outreach, collaborations, clear communication, and information

sharing/dissemination with efforts to involve nursing home residents, the nursing home workforce, families, and caregivers, including how these tools and strategies will enhance your current GWEP activities in nursing homes.

3. Provide a training chart with projected number of persons to be trained and type (nursing home workforce, nursing home residents, families, and caregivers).

- *IMPACT and EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3*
  - 1. Identify the lead evaluator with qualifications. Describe current experience, skills, and knowledge for lead evaluators, including individuals on staff, materials published, and previous work of a similar nature.
  - 2. Indicate how de-identified data will be collected to allow the reporting of MIPS Measure 047 (Advance Care Plan) and NQF#0690 (Percent of Residents who have depressive symptoms (Long Stay), at each training site. State how these two measures will be used to evaluate the impact of the COVID-19 education and training on patient outcomes.

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 the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

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

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

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

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

iv. *Budget Justification Narrative*

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

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

In addition, the Geriatrics Workforce Enhancement Program requires the following:

Participant/Trainee Support Costs: You may use funds under this notice to provide stipends for Certified Nursing Assistants (CNAs) to support their access to the Project ECHO broadcasts, regardless of which shift they normally work. You must justify how the stipends advance the rural and/or underserved areas training program. For applicants with participant/trainee (CNA) support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

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

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

Narrative Section	**Review Criteria**	**Review Criterion Points**
Purpose and Need	(1) Purpose and Need	20

Response to Program Purpose:
(a) Work Plan
(b) Methodology/ Approach
	(2) Response to Program Purpose
	(a) Work Plan
	(b) Methodology/Approach
		50
		  (a) 25
		  (b) 25

Impact and Evaluation And Technical Support Capacity	(3) Impact and Evaluation And Technical Support Capacity	20
Budget and Budget Justification Narrative	(4) Support Requested	10
		100

v. *Attachments*

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

Attachment 1: Work Plan (Required)
Attach the work plan for the Competing Supplemental project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Staffing Plan for all staff (Required)
Whether already involved in GWEP activities or new for the Competing Supplement, provide name, position, and percent effort for all staff working on the Competing Supplement activities. Also provide Job Descriptions for NEW Key Personnel only (see Section 4.1.*vi. of* HRSA's *SF-424 R&R Application Guide.* Keep each new, Competing Supplement-related, job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of new proposed project staff for the Competing Supplement.

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

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. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 4: Budget Justification (Required)

Attachment 5: Maintenance of Effort Documentation. (Required)

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

NON-FEDERAL EXPENDITURES	
FY 20 (Actual)	Current FY 21 (Estimated)
Actual FY 20 non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated FY 21 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: $_____	Amount: $_____

Attachment 6: 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 from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 7: Training Chart (Required)

Provide a training chart with projected number of persons to be trained and type (nursing home workforce, nursing home residents, families, and caregivers).

Attachments 8: Other Relevant Documents (As applicable).

Include here any other document that is relevant to the application such as Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification.

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

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

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 use that determination as the basis for making an award to another applicant.

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

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

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

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

In accordance with the federal government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF424D) – Assurances – Construction Programs, have been standardized federal wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and

representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date June 14, 2021 *at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

Geriatrics Workforce Enhancement Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to two years, at no more than $187,500 per year, (inclusive of direct **and** indirect costs). 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 Further Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for international travel and construction.

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

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance

services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The GWEP COVID-19 Supplemental funding has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (20 points) – *Corresponds to Section IV's Purpose and Need*

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality and extent to which it describes the purpose and need for the proposed project, including the following:

1. How the age friendly health systems framework will be used to provide linguistically and culturally appropriate education and training on COVID-19 to the nursing home workforce, and nursing home residents, including those living with dementia, and their family members and caregivers.
2. How the data on demographics, social determinants of health and health disparities faced by the nursing home populations served support the need of the project.
3. How the funding will fill in the gaps in current training on COVID-19 in nursing homes.
4. How a national curriculum on COVID-19 in nursing homes will benefit your community.
5. Number of nursing homes receiving education and training from this funding.
6. Describe how the unique needs of the nursing home populations are routinely assessed and improved.

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

Criterion 2 (a): WORK PLAN (25 points) – *Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan*

The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives for providing the COVID-19 training and the concrete steps that will be used to achieve those goals and objectives, including the following:

1. A description of the activities or steps used to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
2. A description of timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need section.
3. An explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
4. Identification of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all education and training activities, and the extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served.
5. If funds will be sub-awarded or expended on contracts, a description of how the organization will ensure the funds are properly documented.

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

The extent to which the application responds to each of the program requirements enumerated in NOFO Section IV.2, and expectations of the program in COVID-19 education and training and addresses the needs highlighted in the Purpose and Need section. This includes:

1. A description of your overall objectives (specific, measureable, achievable, realistic, and time framed) and proposed activities, and evidence for how they link to the project purpose and stated needs. Describe methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.
2. A description of effective tools and strategies for training, outreach, collaborations, clear communication, and information sharing/dissemination involving nursing home residents, the nursing home workforce, families, and caregivers, including how these tools and strategies will enhance your current GWEP activities in nursing homes.
3. A training chart with projected number of persons to be trained and type (nursing home workforce, nursing home residents, families, and caregivers).

Criterion 3: IMPACT and EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) –Corresponds to Section IV's Impact and Evaluation and Support Capacity

Evaluation is a multi-faceted component of this project and must include:
1. In the Attachments section (IV. 2. v./vi., Attachment 2), attach a complete staffing plan and job descriptions for new key personnel. Bio sketches of new Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form.
2. Evidence and feasibility that the MIPS Measure 047 (Advance Care Plan) and NQF#0690 (Percent of Residents who have depressive symptoms (Long Stay)), will be collected and reported at each training site. State how these two measures of de-identified data will be used to evaluate the impact of the COVID-19 education and training on patient outcomes.

Criterion 4: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms

The reasonableness of the proposed budget for the one year period of performance, in relation to the objectives, the complexity of the education and training activities, and the anticipated results.
1. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
2. The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
3. The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.

2. Review and Selection Process

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

Funding Special Considerations and Other Factors

HRSA will aim for a proportionate distribution of awards across the Health and Human Services (HHS) 10 geographical regions based on the number of eligible applications received and recommended for funding by the objective review committee. The highest ranked applications in each HHS region will receive consideration for award.

PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order.

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

2. Administrative and National Policy Requirements

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

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

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

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

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 submit information related to this Competing Supplement as part of, and in compliance with, the regular reporting as indicated in HRSA-19-008 and in Section 6 of HRSA's *SF-424 R&R Application Guide*.

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

VII. Agency Contacts

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

Shelia Burks
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6452
Email: sburks@hrsa.gov

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

Nina Tumosa, Ph.D.
Lead Public Health Analyst
Division of Medicine and Dentistry
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane
Rockville MD 20857
Telephone: (301) 443-5626
Email: ntumosa@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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

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

508 Compliance Disclaimer

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