U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Bureau of Health Workforce

Division of Medicine and Dentistry

Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene

Funding Opportunity Number: HRSA-22-045

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.059

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 7, 2022

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: November 17, 2021

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 293k-2 (Section 748 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Predoctoral Training in General, Pediatric, Dental Public Health Dentistry, and Dental Hygiene. The purpose of this program is to enhance predoctoral dental, dental hygiene, and other oral health care trainee's clinical ability to care for populations and individuals with medically complex health conditions, special and/or behavioral health care needs, and focus on patient-centered care so that students gain a better understanding of the social determinants of health, in order to improve the oral health of vulnerable, underserved, and rural populations.

Funding Opportunity Title:	Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene
Funding Opportunity Number:	HRSA-22-045
Due Date for Applications:	February 7, 2022
Anticipated Total Annual Available FY 2022 Funding:	$4,500,000
Estimated Number and Type of Award(s):	Up to 15 grants
Estimated Annual Award Amount:	Up to $300,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2027 (5 years)

Eligible Applicants:	Eligible entities include accredited schools of dentistry or dental hygiene, public or private nonprofit hospitals, or other public or nonprofit entities which the Secretary has determined capable of carrying out such a grant such as public health dentistry training programs. 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 for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene program.

Program Purpose

The purpose of this program is to improve the oral health of vulnerable, underserved, or rural populations by enhancing the ability of oral health care trainees' (predoctoral dental, dental hygiene, other approved public health dentistry trainees) ability to care for populations and individuals with medically complex conditions, special and behavioral health care needs, and focus on patient-centered care, so that students gain a better understanding of the social determinants of health and their impact on oral and systemic health.

Program Goals

The goal of this program is to educate and train predoctoral dental, dental hygiene, and other oral health care trainees, as defined in this notice of funding opportunity (NOFO), to be able to care for populations with medically complex conditions, special health care and behavioral health care needs, and incorporate the Social Determinants of Health (SDOH) into clinical care.

Program Objectives

- Increase the ability for dental students, dental hygiene students, and other approved primary care dental trainees to care for the needs of patients with complex health conditions and address the SDOH.

- Improve the training of, or increase the number of, dentists, dental hygienists, and other oral health care students trained in predoctoral training programs located in rural or underserved areas.

- Train dental students, dental hygiene students, and other health care students to practice in new models that stress the integration of oral health into the larger primary health care delivery systems.

- Increase the number of primary care dentists, dental hygienists, and other oral health care providers who care for rural, underserved, or vulnerable populations.

For more details, see Program Requirements and Expectations.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to predoctoral oral health training.

2. Background

The Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene program is authorized by 42 U.S.C § 293k-2 (Section 748 of the Public Health Service Act). For more information about the Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene program or other Oral Health Workforce Development programs at the Bureau of Health Workforce, go to https:bhw.hrsa.gov/funding/apply-grant#oral-health.

Populations with special health care needs and complex medical conditions across the life span are more prone to oral diseases and require particular skills and knowledge in order for providers to adequately and appropriately address their oral health needs. [1,2,3] Dental care has been identified as one the greatest unmet health care needs for these populations; their dental needs are often more complex than the general population and complicated by underlying congenital or acquired anomalies. [4] Individuals with complex health conditions and special health care needs can require specific knowledge and skills to adequately and appropriately manage the medical, behavioral, physical, and cognitive challenges. Therefore, it is not surprising that access to dental care poses a challenge for these populations because of the difficulty in finding a dentist who is adequately trained and willing to care for them. [5] Additionally, it is important to have oral health trainees from underrepresented groups as studies have shown that trainees from

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[1]Chavez, EM., Wong, LM., Subar, P., Young, DA., Wong, A. 2018 April. Dental Care for Geriatrics and Special Needs Populations. Dental Clinics North America. https://doi.org/10.1016/j.cden.2017.11.005

[2] American Academy of Pediatric Dentistry 2016: Management of Dental Patients with Special Health Care Needs. https://www.aapd.org/research/oral-health-policies--recommendations/management-of-dental-patients-with-special-health-care-needs/#section-references

[3] Gallagher, J.E. and Fiske, J. 26 May 2007. British Dental Journal. Special Care Dentistry: A Professional Challenge.

[4] Scambler, S., & Curtis, S. (2019). Contextualizing disability and dentistry: challenging perceptions and removing barriers. *British Dental Journal* 2019; 227(1) 55-57. doi: 10.1038/s41415-019-0463-8

[5] Davidovich E, Pessov Y, Baniel A, and Ram D (2015) Levels of Stress among General Practitioners, Students and Specialists In Pediatric Dentistry during Dental Treatment. Journal of Clinical Pediatric Dentistry: Fall 2015, Vol. 39, No. 5, pp. 419-422. Doi: http://dx.doi.org/10.17796/1053-4628-39.5.419

underrepresented groups are more likely to provide health care services in underserved communities. [6,7] Enhancing training and clinical experiences in training of predoctoral dental students, dental hygiene students, and other oral health carecare professionals will increase confidence and competence in caring for individuals with special health care needs and complex medical conditions and increase access to dental services for these underserved and vulnerable populations.

In 2012, the U.S. Department of Health and Human Services (HHS) published an Environmental Justice Strategy and Implementation Plan, which examined the relationship between the physical and social environments in which people are born, grow, live, work, and play and how that relationship can impact human health. [8] Because there is a strong relationship between employment status, unsafe neighborhoods, financial stress, and oral health status, it is essential that dental students receive training that integrates the SDOH broadly and understand concepts of health equity. [9,10] Though dental educators recognize the need to teach future health care professionals to deliver effective care, integrating these crucial concepts within dental education is challenging and requires faculty and leadership buy-in. [11]

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 Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene Program for fiscal year (FY) 2022:

Community-based organizations – For the purpose of this NOFO, these are generally non-health care focused organizations, such as schools, community centers, senior centers, and faith-based organizations.

Dental Health Professional Shortage Area (Dental HPSA) – See Health Professional Shortage Area (HPSA).

Innovative Program – A new or significantly changed program or service delivery system that uses new ideas, methods and/or approaches, designed to improve how the dental workforce needs of designated Dental HPSAs are addressed. Maintenance,

[6] Walker KO, Moreno G, Grumbach K. 2012. The Association Among Speciality, Race, Ethnicity, and Practice Location Among California Physicians. J Nat Med Assoc. 104(1-2):46-51.

[7] Xierali IM, Nivet MA. The Racial and Ethnic Composition and Distribution of Primary Care Physicians. J Health Care Poor Underserved. 2018;29(1):556-570.

[8] US Department of Health And Human Services. 2012. Environmental Justice Strategy and Implementation Plan. https://www.hhs.gov/sites/default/files/environmentaljustice/strategy.pdf

[9] Sabato E, Owens J, Mauro AM, Findley P, Lamba S, Fenesy K. Integrating Social Determinants of Health into Dental Curricula: An Interprofessional Approach. J Dent Educ. 2018 Mar;82(3):237-245

[10] National Academies of Sciences, Engineering, and Medicine 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

[11] Stakeholders Center for Integration of Primary Care and Oral Health, https://cipcoh.hsdm.harvard.edu /and National Collaborative for Education to Address the Social Determinants of Health https://sdoheducation.org/ .

expansion, or minor changes to an established program or service is not considered an innovative program. Programs that simply increase funded positions or services capabilities through efforts very similar to those already in use are not considered innovative programs.

Oral Health Care Trainees – In this NOFO, oral health care trainees refers to predoctoral dental, dental hygiene, dental therapy, and dental health aide therapy trainees.

Other Health Care Trainees – Other health professions trainees who will train alongside or are trained by the primary trainees as part of the interprofessional education, such as medical residents, nursing students, etc.

Patient-Centered Care – Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

Primary Trainees –Dental students, dental hygiene students, dental hygienists, dental therapists, dental health aide therapists being trained through the proposed training program.

Primary Care Dentistry – For the purposes of this NOFO, primary care dentistry is defined as general dentistry, pediatric dentistry, public health dentistry or dental hygiene.

Public Health Dentistry – In this NOFO, public health dentistry is defined as dental therapy and dental health aide therapy.

Team-Based Care – Care delivered by intentionally created work groups of at least two health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of teams members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

Teledentistry – In this NOFO, teledentistry is defined as the use of electronic information and telecommunications technologies to support and promote long-distance oral health care, patient and professional oral health-related education, community/populations oral health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $4,500,000 to be available annually to fund up to 15 recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $300,000 total cost (includes both direct and indirect, facilities and administrative costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in the application.

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 applicants include accredited schools of dentistry or dental hygiene, public or private nonprofits hospitals, or other public or private nonprofit entities which the Secretary of Education has determined are capable of carrying out such grants to plan,

develop, and operate an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry for dental students, dental hygienists, or other approved primary care trainees such as dental therapists that emphasizes training for public health dentistry.

Domestic faith-based and community-based organizations, community colleges, as well as Tribes and Tribal organizations, are eligible to apply provided they are capable of carrying out grants to plan, develop, and operate an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry for dental hygiene students, or dental hygienists, or other approved primary care dental trainees as defined in the NOFO. All training activities must be conducted by an accredited entity. Programs in the process of receiving accreditation may apply however; the applicant or partner organization(s) must be accredited by the Secretary of Education or by the Commission on Dental Accreditation (CODA). Applicants can propose to develop an accredited program; however, the applicant organization responsible for the training must be an accredited program by July 1, 2023. HRSA will check the CODA website for accreditation confirmation. Accreditation must be maintained throughout the remainder of the project period. Failure to maintain accreditation will result in the termination of award funding under this NOFO.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount.

- Fails to satisfy the deadline requirements referenced in Section IV.4.

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) (Title VII, Sec. 797(b) of the Public Health Service Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as *Attachment 6*.

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowable.

An 'organization" for this NOFO is defined as an institution with a single Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UIE).

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

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

Beneficiary Eligibility Requirements

Financial support of dental trainees is an allowable expense under this program. Dental trainees receiving financial support must 1) be a citizen of the United States, a non-citizen national, or foreign national having in his/her possession a visa permitting permanent residence in the United States, 2) demonstrate need of the support, and 3) plan to work in the practice of general dentistry, pediatric dentistry, dental hygiene, or public health dentistry.

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 HRSA-22-045 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *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 HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes 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 (SF)"Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-045, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 65 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-045 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) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10: Other Relevant Documents*.

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

Program Requirements and Expectations

Propose predoctoral training programs in general, pediatric, or public health dentistry for dental students, dental hygienists, dental hygiene students, or public health dentistry students that address at least one of the following two focus areas:

Focus Area 1: Enhancing training to support integration of oral health within the broader primary health care delivery system to improve access to oral health care for populations and individuals with medically complex health conditions, special and/or behavioral health care needs in vulnerable, underserved, or rural communities:

Applications under this area must include:

- Partnerships with non-dental primary health care training programs to provide both didactic and experiential learning in interprofessional teams;

- Partnerships with community-based primary care delivery sites for vulnerable, underserved, or rural communities where trainees will have substantive clinical experience working in an integrated health care delivery system, which must include collaborative practice across disciplines, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided; and

- Partnerships with community-based organizations to provide training experiences developing and demonstrating community level interventions to improve oral health care for vulnerable, underserved, or rural communities.

Focus Area 2: Training to support oral health providers caring for vulnerable, underserved, or rural communities:

Applications under this area must include:
- Clinical training to prepare oral health care trainees to care for vulnerable, underserved, or rural communities

As part of each of the proposed Focus Area(s) 1 and 2, and per PHSA Act Section 748(c)(3), applicants may develop and implement innovative programs to encourage and support students from underrepresented minorities, disadvantaged or rural backgrounds, and/or veterans to apply for, and be successful in, oral health professions training programs that are designed to ultimately place students in vulnerable, underserved, or rural communities. Examples of such programs include:

- Engaging with students in established pipeline programs to enhance knowledge and interest of oral health training programs focused on the eventual placement of students into vulnerable, underserved, or rural communities;

- Establishing linkages with institutions that serve underserved or rural populations, including minority serving institutions, to make students in those schools aware of this dental training, per PHS Act Section 796(d);

- Supporting strategies to ensure graduation such as mentoring programs; and

- Assisting students, including from underrepresented minorities, disadvantaged, or rural backgrounds, to attend postdoctoral training programs in general, pediatric, or dental public health.

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 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 or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1.   A brief overview of the project as a whole;

2.   Specific measurable objectives that the project will accomplish;

3.   Which of the clinical priorities will be addressed by the project, if applicable; and

4.   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.

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.

Narrative Section	Review Criteria
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

Narrative Section	Review Criteria
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.

Use the following section headers for the narrative:

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

    Briefly describe the purpose of the proposed project, what you plan to accomplish and the needs it will address. Use and cite data wherever possible to support the information provided.

    Discuss the needs of the community/communities in which the training program is located and how they are currently served by the segment of the health workforce that will be trained through the proposed project. Include the socio-cultural determinants of health, health disparities, and any unmet needs. Provide documentation of demographics and other relevant data that demonstrate the vulnerable, underserved, or rural community to be served. Describe how these needs are aligned with this program.

    Provide a brief statement of the purpose of the proposed project. Describe how the program is relevant at the national or state level. Describe gaps in the current health workforce, the programs' targeted discipline(s) and their training needs, and explain how developing training to support this/these disciplines will address the health workforce gaps you have identified. Describe any existing policies at the state or regional level that can be leveraged by the proposed project to improve oral health care delivery for individuals and populations across the lifespan, focusing on those with medical complex health conditions, special and behavioral health care needs, to improve the oral health in vulnerable, underserved, or rural communities.

- Develop a Disparity Impact Statement using local data (e.g., the CDC Social Vulnerability Index (SVI) (https://www.atsdr.cdc.gov/placeandhealth/svi/index.html) to identify populations at highest risks for health disparities, low health literacy and infrastructure to receive necessary services in rural, underserved, or marginalized communities.

- *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)*
    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.).

    Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with areas of focus by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

    You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.

    - 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 and how they related to the attainment of the Disparities Impact Statement.

    - 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.

    - Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of award implementation.

- 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 address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

- If funds will be subwarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

You must include an annual training chart that indicates the number of students you plan to train through the proposed activities to include both:

- Dental Students, Dental Hygiene Students, Dental Therapy Students, or Dental Health Aide Therapy Students.

- Interprofessional/Other Healthcare Trainees: include the expected number of other health professions trainees, by discipline, that you propose to train alongside your dental students, dental hygiene students, dental therapy students and dental health aide students during each year of the five-year project period.

Please note that grant funds may not be used to plan a training program solely for Other Health Care Trainees or to provide Assistance to Other Health Care Trainees.

The chart must include information on the following:

- The number you propose to train each year;

- The number you project to graduate each year;

- If applicable, the projected number of participants in any pipeline support activity;

- As applicable, the number of underrepresented minorities you project to train each year;

- As applicable, the number of students from a rural or disadvantaged background that you project to train each year; and

  The number of veterans that you project to train each year.

Provide a work plan chart that includes the goal, key objectives, staff, and a timeline (a sample work plan can be found here: http//bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx). Your work plan must include, but note be limited to, evaluation and dissemination activities, any needed facility improvements for the training environment, and **non-federal grant-funded** construction or renovations envisioned.

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

    Describe your objectives 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. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. If applicable, include a plan to disseminate reports, products, and/or project outputs so that key target audiences receive the project information.

    Include a description of any innovative methods that you will use to address the stated needs.

    Specifically, clearly describe:

    - Institutional support and plans to integrate or enhance dental, dental hygiene, or other oral health training in the school's core student curriculum;

    - Partnerships with community-based sites to provide both didactic and experiential training for individuals and populations with medically complex health conditions, special and/or behavioral healthcare needs, and incorporate the social determinants of health, with the goal of improved oral health care for vulnerable, underserved, or rural populations;

    - Proposed procedures and/or activities targeting individuals with medically complex health conditions, or special and/or behavioral healthcare needs, including preventative, diagnostic, and/or treatment services, as well as oral health education targeting trainees, community partner providers, and/or families;

    - Plans to incorporate population health and social determinants of health into predoctoral student training; and

    - The proposed facilities, including proposed equipment, for the training program is clear, is reasonable, and adequate to accomplish the goal(s) of the proposed training project.

    Describe any plans to develop and implement innovative programs to encourage and support students, including from underrepresented minorities, rural or disadvantaged backgrounds, and/or veterans. Include in your description the strategies and activities to be employed as well as partnerships or outreach to existing programs or institutions. Discuss how your program will facilitate placement of trainees in vulnerable, underserved, or rural communities.

    In this section, you must also describe the roles and responsibilities of the lead applicant and all partner organizations. Provide evidence supporting the proposed

methodologies, including published literature, prior experience, and historical data for the appropriateness of the proposed methodology/approach. Describe any needed facility construction or significant renovations required to implement your plan, what non-grant resources will be used for this, and a timeline for completion. Note that grant funds may not be used for construction and/or renovation activities.

Logic Models

Submit a logic model for designing and managing the project in *Attachment 1*. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website:
https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

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

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

    Describe the plan for 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 and clearly identify those directly related to the Disparities Impact Statement. Additionally, monitor progress of the project as a whole, toward attainment of the Disparities Impact Statement. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities. In the Attachments section (IV. 2. vi., *Attachment 2*), attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

Describe the systems and processes that will support your organization's collection of HRSA's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to accurately collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Document the procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for individuals participating in the Program. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. 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. Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI. (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics).

Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and

progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted as under the SWP. Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

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

  Propose a plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your award projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

  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. Include an organizational chart (requested in Section IV.2. vi., *Attachment 4.*) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 2* (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

- Senior/key personnel name

- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:

  - Institution and location

  - Degree (if applicable)

  - Date of degree (MM/YY)

  - Field of study

- *Section* A *(required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D *(optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. *Budget*

The directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of 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 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.

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. The budget line item(s) and budget justification must match.

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.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 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 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, and subawards 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 Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene program requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee 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.

v. *Standardized Work Plan (SWP) Form*

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to [Section V's Review Criterion 2 (a).](#)

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. 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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Logic Model (Required)
   Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.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 time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (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: Project Organizational Chart (Required)
Provide a one-page figure that depicts the organizational structure of the project (not the *applicant organization*).

Attachment 5: Tables, Charts, etc. (If applicable)
This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: Maintenance of Effort Documentation (Required)
Applicants must 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 Before Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: $_____	Amount: $_____

Attachment 7: Request for Funding Priority (If applicable)
To receive a funding priority, include a statement that the applicant is eligible for a funding priority and identify the priority. Include documentation of this qualification. See Section V.2.

Attachment 8: Progress Report (If applicable)
(FOR COMPETING CONTINUATIONS ONLY)
A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications. See Section V.2 Review and Selection Process for a full explanation of funding priorities and priority points.

Identify your current (or previous) grant number, include the most important objectives from your approved application (including any approved changes), and

document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (dates).

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 9: Letters of Support
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.).

Attachments 10: Other Relevant Documents
Include here any other documents that are relevant to the application.

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

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

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

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not

qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that 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 (https://www.dnb.com/duns-number.html)

- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)

- Grants.gov (https://www.grants.gov/)

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 7, 2022 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene 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 five (5) years, at no more than $300,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. 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.

Funds under this notice may not be used for purposes specified in HRSA's SF-424 R&R Application Guide. In addition, grant funds may not be used for the following:

• **Fringe Benefits for Participant/Trainees**
Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable under this grant.

• **Accreditation Cost**
Accreditation costs (e.g., renewals, annual fees, etc.) of any kind are not allowable under this grant.

• **Construction/Major Alteration and Renovation**

• **Foreign Travel**

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 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 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, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process (upload as *Attachment 8*).

Five review criteria are used to review and rank the Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's Purpose and Need
Reviewers will evaluate how well the organization demonstrates a compelling need for this training in their application and how strong the evidence is in the application that the training will address gaps in the current training program.

- How strong the evidence is in the application that the proposed training will serve populations with medically complex health conditions and/or special or behavioral healthcare needs, in communities with the greatest rates of vulnerable, underserved, and/or rural populations;

- How strong the plan in the application is in addressing the gaps and needs of the current oral health workforce serving populations with medically complex health conditions or special and/or behavioral healthcare needs that significantly inhibit delivery of primary and preventive services to vulnerable, underserved, or rural communities;

- How well the application describes a plan that will address the gaps in the training programs for oral health professionals both generally and at the institution(s)s, and that these gaps align to the needs and the intent of the program;

- How well the application describes the significant unmet needs in terms of socio-cultural determinants of health and health disparities that align with this investment; and

- How well the application describes the implementation of integrating oral health into the larger primary healthcare delivery system.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 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 (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

Reviewers will evaluate how well the work plan describes the activities and collaborations that will be used to achieve the proposed goals and objectives.

- How strong the goals and objectives in the application are, and that they are clear comprehensive, and specific.

- How strong the evidence is that the work plan's concrete steps will achieve those goals and objectives.

- How well the work plan in the application describes the timeline, stakeholders, and the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will evaluate how well the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section.

- How strong the proposed goals and objectives are and their relationship to the identified project.

- How strong the evidence provided in the application is that the activities described in the application are capable of addressing the problem and attaining the project objectives and contribute to the attainment of the Disparities Impact Statement. This includes describing, as appropriate, tools and strategies for meeting stated needs.

- How well the application provides a logical description of proposed activities, explains why the project is innovative and describes the context for why it is innovative.

- How well the application describes a sophisticated and plausible logic model.

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 evaluate how well the application describes likely challenges to the work plan and effective strategies to resolve those challenges.

- How well the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, and plans for dealing with identified contingencies that may arise. Include a resolution plan for contingencies.

Criterion 3: IMPACT (30 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 (20 points) – Corresponds to Section IV's *Impact Sub-section (a) Evaluation and Technical Support Capacity*

Reviewers will evaluate the strength of the evidence provided in the application in demonstrating that the proposed project has measurable outcomes of public health, particularly the public's oral health impact, and that the project will be effective, if funded. How well the application describes both internal program performance evaluation plans and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include:

- How well the application demonstrates that the evaluative measures in the application will be able to assess whether the program objectives have been met, including their relevance to the Disparities Impact Statement and are likely to be attributable to the project.

- How well the application demonstrates that the evaluation plan assesses trainee outcomes as well as patient access, quality of care and cost effectiveness of outcomes.

- How strong the evaluation plan is including inputs, key process, variables, to be measured, expected outcomes of funding activities are reasonable, evidence-based where appropriate and feasible within the project timeframe.

- How well the application anticipates obstacles to the evaluation and the likely effectiveness of the proposed strategies to address those obstacles.

- How strong the feasibility and effectiveness of plans for dissemination of project results are as described in the application.

- How well the application describes project results that are national in scope, and to what degree the project activities described in the application are replicable.

- How strong the sustainability plan described in the application is and that the applicant be able to continue the program beyond the period of federal funding.

Additionally, specific criteria will be considered for:

Focus Area 1:

- How well the application describes evaluation measures that will be able to assess the integration of oral health within the broader health care delivery system and whether program objectives have been met.

- How well the application describes an evaluation plan that assesses improvements in access to oral health care for populations and individuals with medically complex health conditions, special and/or behavioral health care needs in vulnerable, underserved, or rural communities. There should be baseline measures and baseline data included to determine improvement.

- How strong the evidence is in the application that the non-dental partners are able to provide didactic and experiential learning of interprofessional teams.

- How strong the evidence in the application is that oral health trainees will have substantive clinical experience working in an integrated health care delivery system that includes collaborative practice across disciplines and includes mechanisms to improve care coordination. There should be baseline measures and baseline data included to determine improvement.

- How strong the evidence in the application is that the partnerships with community-based organizations will provide training experiences to develop and demonstrate community level interventions to improve oral health care in populations of interest in this NOFO.

Focus Area 2:

- How well the application describes evaluation measures that will be able to assess oral health providers' preparedness to care for underserved communities and whether the program objectives have been met.

- How strong the evidence in the application is that the training will prepare oral health providers to provide the oral health services needed in vulnerable, underserved, or rural communities.

- How well the application describes evaluation measures that will assess trainee outcomes, patient access to the needed oral health services and the quality of oral health care services provided in vulnerable, underserved, or rural communities. Baseline measures and baseline data should be included to determine improvement.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

Reviewers will evaluate how well the application describes a solid plan for project sustainability after the period of federal funding ends.

- How strong the evidence provided in the application is and how clearly the application articulates likely challenges to be encountered in sustaining the program and describes logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's *Organizational Information, Resources, and Capabilities*

Reviewers will evaluate how well the application describes the capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.

- How well the organization demonstrates in the application that project personnel are qualified by training and/or experience to implement and carry out the project; this will be demonstrated both through the project narrative as well as through the attachments.

- How strong the evidence in the application is that the applicant organization has the capabilities, including the quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's *Budget Justification Narrative and SF-424 R&R budget forms*

Reviewers will evaluate how reasonable the proposed budget is for each year of the period of performance, in relation to the objectives, the complexity of the training activities, and the anticipated results. This includes:
- How well the organization demonstrates in the application that costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;

- The strength of the evidence provided in the application that key personnel have adequate time devoted to the project to achieve the project objectives; and

- How well the organization's application describes the entire project costs, including that the:

  o Participant/trainee support costs are reasonable and supportive of the project objectives. The budget must follow the NOFO program-specific guidelines, including the SF 424 R&R application guide.

  o Modifications to clinical environments, e.g., equipment systems, or supplies are reasonable and necessary to implement the proposed training environment.

  o Budget justification is clear and aligns with the SF 424 R&R budget forms for each year. The costs are clearly justified and reasonable by a narrative description, provides an itemized breakdown for all costs, including participant/trainee support costs, and indirect costs are calculated at 8 percent.

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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and geographical distribution) described below in selecting applications for award.

Funding Priorities

This program includes eight (8) funding priorities as authorized by Title VII, Sec. 748 of the Public Health Service Act. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Priority points are granted to any qualified applicant that demonstrates that they meet the criteria. HRSA staff reviews the documentation in the application to support the award of funding priority points which have a set, pre-determined value, and presents those finding to the review committee. The Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program has eight (8) funding priorities.

Applicants may apply for this announcement without requesting a funding priority. However, the approval of funding priority adds points to an applicant's score. Up to eight (8) priority points are available across eight (8) priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than eight (8) priority points.

The instructions/criteria for each funding priority are provided below, and funding priority requests and justification narratives/data must be uploaded and labeled as *Attachment 7.* Funding priorities are approved or denied by HRSA staff. **Failure to clearly request or provide the requested information, documentation, or sufficient detail may result in denying your request.** Some funding priorities include important definitions (see section I.2 Background for definitions).

For each priority, you must provide:

- A concise narrative justification of why you qualify;

- The method(s) being used to request the priority;

- A reference to relevant Objectives, Work Plan, and Activities, if applicable; and

- A summary of the data requested, if applicable.

Priority 1: Collaborative Project (1 Point)
You will be granted a funding priority if you propose a collaborative project between: 1) a department of general dentistry, pediatric dentistry, or public health dentistry and 2) a

department of primary care medicine. The proposed collaboration must be significant, included as one of the grant objectives, and be included in the work plan. The collaboration must include joint planning and implementation of the project. You must include a letter of agreement form the collaborating department of primary care medicine in *Attachment 3*.

Priority 2: Formal Relationships (1 Point)

You will be granted a funding priority if you have established a formal relationship with a Federally Qualified Health Center or a rural health center for the planning and implementation of the training proposed in the grant application. You must include a letter of agreement from the Federally Qualified Health Center or the rural health center in *Attachment 3.*

Priority 3: Cultural Competency and Health Literacy (1 point)

You will be granted a funding priority if you include educational activities in cultural competency and health literacy. The proposed activities must be substantive, be the primary focus of one of the application's objectives, and be included in the work plan.

Priority 4: Special/Vulnerable Populations (1 Point)

You will be granted a funding priority if you propose training activities to prepare dental and dental hygiene students to care for children with developmental disabilities, cognitive impairment, complex medical problems, and/or signification physical limitations. Proposed training activities may also include vulnerable children such as those who are homeless, living with HIV/AIDS, or whose caregivers are in risk-based clinical disease management of mental health or substance-related disorders. The proposed activities must be substantive, be the primary focus of one of the application's objectives and be included in the work plan.

Priority 5: Discipline Retention (1 Point)

This priority focuses on the number of graduates from your institution who enter into and remain in the practice of general dentistry, pediatric dentistry, public health dentistry or dental hygiene. You will be granted a funding priority if:

1) Record of Training

   To qualify under Record of Training you must confirm that the percentage of graduates form your institution who enter into, and remain in the practice of primary care dentistry for the last two academic years (AY2019-20 & AY2020-21) is greater than 90 percent. To qualify under this method, provide a letter from the dean or director of the predoctoral program at your institution that affirms the percentage of dental and dental hygiene graduates (you must include the actual percentage in the letter) from the last two academic years (AY2019-20 & AY2020-21) who entered into, and remained in, the practice of primary care dentistry is greater than 90 percent.

OR

2) Significant Improvement

   To qualify under Significant Improvement your institution must confirm that it has achieved a percentage point increase of 50 percent or more in the number of graduates who enter into, and remain in, the practice of primary care dentistry over AY2018-19 to AY2020-21. To qualify under this method, provide a letter from the dean or director of the predoctoral program at you institution that affirms that the percentage of dental or dental hygiene graduates (you must include the actual percentage in the letter) who entered into, and remained in, the practice of primary care dentistry from AY2018-19 to AY 2020-21 increased by 50 percentage points or more (percentage point increase).

Note: New programs that had no graduates in the above academic years are not eligible for this priority due to the absence of baseline data.

Priority 6: Placement in Practice Settings (1 Point)
This priority focuses on the number of graduates from your institution that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify:

1) High Rate
   To qualify under this method, you must provide a letter from the dean or director of the predoctoral dental or dental hygiene program at your institution that affirms that the percentage of graduates (you must include the actual percentage in the letter) placed in practice settings serving underserved areas or health disparity populations over the past two academic years (AY2019-20 & AY2020-21) is greater than 40 percent.
                                     OR
2) Significant Increase
   To qualify under this method, provide a letter from the dean or director of the predoctoral dental or dental hygiene program at your institution that affirms that the percentage of graduates (you must include the actual percentages in the letter) placed in practice settings serving underserved populations or health disparity populations from AY2018-19 to AY2020-21 has increased by 20 percentage points or more (percentage point increase).

Note: New programs that had no graduates in the above academic years are not eligible for this priority due to the absence of baseline data.

Priority 7: Student Diversity (1 Point)
This priority focuses on your institution's record of training individuals who are from a rural or disadvantaged background or an underrepresented minority. To qualify under this priority, the application must confirm that 25 percent or more of the total current dental or dental hygiene student population is from a rural background, a disadvantaged background or an underrepresented minority and affirm that no student was counted

more than once when making the calculations. To calculate the greatest percentage, include the following formula in the application:

$$\text{Diversity} = \frac{\begin{array}{l}\text{\# predoctoral dental or dental hygiene students who are} \\ \text{underrepresented minorities or from rural or disadvantaged} \\ \text{backgrounds} \\ \text{(do not count students more than once in the numerator)}\end{array}}{\begin{array}{l}\text{Total number of predoctoral dental or dental hygiene students} \\ \text{enrolled}\end{array}} \times 100$$

Priority 8: Special/Vulnerable Populations (1 point)
You will be granted a funding priority if:

You intend to establish a special populations oral health care education center or training program for the didactic and clinical education of dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly. The proposed activities must be substantive, be the primary focus of one of the applications' training project objectives, and be included in the work plan.

Note: all priority points requested are subject to HRSA verification. Successful applicants must maintain substantiating documentation on file throughout the project period and make data available to HRSA upon request. Priority points that cannot be verified upon audit may lead to administrative action against your institution up to, and including, termination of the award. There are no additional funding preferences, special considerations, or other factors applied to this funding opportunity announcement.

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 July 1, 2022. 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 NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,

- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 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) **Other Required Reports and/or Products.** Copies or any materials disseminated including presentations, publications or posters should include the following acknowledgement and disclaimer:

"This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage finances with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government."

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

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

VII. Agency Contacts

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

Gerly Sapphire Marc-Harris
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2628
Email: SMarc-Harris@hrsa.gov

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

Cynthia Chennault, RDH, BSDH, MPH
Senior Public Health Analyst, Bureau of Health Workforce
Attn: Predoctoral Training in General, Pediatric, and Public Health Dentistry, and Dental Hygiene
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N146B
Rockville, MD 20857
Telephone: (301) 443-6691
Email: cchennault@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

Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Technical Assistance

HRSA 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 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](#)*.

Frequently Asked Questions (FAQs) can be found on the program website https://bhw.hrsa.gov/funding/apply-grant#oral-health, and are often updated during the application process.

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