

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Medicine and Dentistry

Preventive Medicine Residency Program

Funding Opportunity Number: HRSA-18-008

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.117

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 26, 2018

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

Issuance Date: November 9, 2017

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Authority: Public Health Service Act, Title VII, Section 768, 42 U.S.C. 295c.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Medicine and Dentistry is accepting applications for the fiscal year (FY) 2018 Preventive Medicine Residency Program. The purpose of this program is to increase the number of preventive medicine physicians and promote greater access to preventive medicine. The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award recommendations.

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| Funding Opportunity Title: | Preventive Medicine Residency Program |
| Funding Opportunity Number: | HRSA 18-008 |
| Due Date for Applications: | January 26, 2018 |
| Anticipated Total Annual Available FY18 Funding: | \$6,700,000 |
| Estimated Number and Type of Award(s): | Up to 17 awards |
| Estimated Award Amount: | Up to \$400,000 per year |
| Cost Sharing/Match Required: | No |
| Project Period/Period of Performance: | May 1, 2018 through April 30, 2023 (5 years) |
| Eligible Applicants: | (a) an accredited school of public health or school of medicine or osteopathic medicine; (b) an accredited public or private nonprofit hospital; (c) a State, local or tribal health department; or (d) a consortium of two or more eligible entities as described in items a, b, or c. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), 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. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

The following technical assistance webinars have been scheduled:

Webinar

Day and Date: Tuesday, December 12, 2017

Time: 3:00 pm to 4:30 pm

Call-In Number: 1-888-950-6751

Participant Code: 4593214

Web link: https://hrsaseminar.adobeconnect.com/preventive_medicine/

Playback Number: 1-888-568-0155

Passcode: 1710

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Preventive Medicine Residency Program authorized by Title VII, section 768 of the Public Health Service (PHS) Act, 42 U.S.C. 295c.

Program Purpose

The purpose of this program is to increase the number and quality of preventive medicine residents and physicians to support access to preventive medicine to improve the health of communities.

Program Requirements

Applicants must propose programs to provide graduate medical education training to preventive medicine residents. Grant funds shall used to:

1. Plan, develop (including the development of curricula), operate, or participate in an accredited residency or internship program in preventive medicine or public health;
2. Defray the costs of practicum experiences, as required in such a program; and
3. Establish, maintain, or improve –
 - a. Academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine and public health; or
 - b. Programs that improve clinical teaching in preventive medicine and public health.

Applicants must aim to:

- Increase the number of preventive medicine physicians; and
- Enhance the quality of preventive medicine physicians by strengthening didactic, clinical, and practicum experiences for residents, including interprofessional training to increase integrated public health and primary care.

Applicants should be committed to increasing diversity in health professions training programs and the health workforce. This commitment helps ensure, to the extent possible, that the workforce addresses the diversity of the nation. Training programs should develop the competencies and skills needed for intercultural understanding and expand cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together, facilitates innovative and strategic practices that enhance the health of all people.

Applicants are encouraged to address Department of Health and Human Services (HHS) clinical priorities of opioid abuse, mental health, and childhood obesity. In addition, applicants should emphasize competencies in emerging public health issues including disaster and emergency preparedness and training for practice in rural and underserved areas, including the use of telehealth. Applicants are also encouraged to partner with primary care and public health entities that focus on underserved

communities, such as federally qualified health centers, Indian health service and Tribal health centers, and Rural Health Clinics.

New residency programs, without accreditation, may apply. New residency programs must provide proof of accreditation by the end of the first year of support and have residents in training in the second year of support in order to continue to receive funds from the award. Refer to section III.1 for further information.

2. Background

This program is authorized by Title VII of the Public Health Service (PHS) Act, Section 768 (42 U.S.C. 295c).

Health priorities, such as emerging infectious diseases and non-communicable chronic diseases, present tremendous challenges and require solutions involving prevention, public health strategies, and leadership. Preventive medicine physicians are uniquely trained in both clinical medicine and public health, and they provide essential leadership and expertise in many areas of health care such as integrating public health with primary care, governmental public health and outbreak investigations to prevent the spread of emerging diseases.

Preventive medicine is one of the more than 150 specialties and subspecialties that are recognized by the 24-member boards of the American Board of Medical Specialties (ABMS).¹ Preventive medicine residency programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA). The training requirements consist of 2 years of academic and practicum-based training that incorporates the attainment of a Master of Public Health or other appropriate postgraduate degree. Accredited preventive medicine residency programs also require at least 1 year of prior graduate medical education clinical training.

HRSA has been an important source of federal support for preventive medicine residency programs. HRSA last competed the Preventive Medicine Residency Program in FY 2013 and FY 2015. Applicants can review the abstracts of the 25 currently funded projects at the HRSA Data warehouse:
<https://datawarehouse.hrsa.gov/tools/findgrants.aspx>.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

¹ American Board of Medical Specialties website: http://www.abms.org/About_ABMS/member_boards.aspx, accessed April 26, 2017.

2. Summary of Funding

Approximately \$6,700,000 is expected to be available annually to fund approximately 17 recipients. You may apply for a ceiling amount of up to \$400,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. 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, applications can be processed, and funds can be awarded in a timely manner.

The project period is May 1, 2018 through April 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Preventive Medicine Residency Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Indirect costs under training awards to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and sub-grants 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

Entities eligible to apply for this grant program are:

- a) an accredited school of public health or school of medicine or osteopathic medicine;
- b) an accredited public or private nonprofit hospital;
- c) a State, local or Tribal health department; or
- d) a consortium of two or more eligible entities as described in items a through c.

Preventive medicine residency programs must be accredited by ACGME or the AOA. An official letter from the appropriate accrediting body must be submitted to HRSA with the application to document the approved accreditation status of the program with the beginning and ending dates of the current accreditation.

Programs that have not obtained accreditation from the ACGME or the AOA at the time of application must provide documentation that the institution has started the process of applying for accreditation. This documentation must include a copy of the letter from the appropriate accrediting body indicating that the application has been submitted by the grant applicant. Further, an official letter from the appropriate accrediting body must

be submitted to HRSA to document the approved accreditation status of the program, including the beginning and ending dates of the new accreditation, before the end of the first budget period in order to receive continued funding after the first year of support.

Accreditation documentation must be submitted as **Attachment 6**.

Eligible applicants include public and nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply if they meet the eligibility requirements specified in a-d.

2. Cost Sharing/Matching

Cost sharing or matching is not required for this program.

3. Other

Ceiling Amount

Applications that exceed the ceiling amount of \$400,000 per year, including both direct and indirect costs, will be considered non-responsive and will not be considered for funding under this notice.

Deadline

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 797(b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 5**.

Multiple Applications

NOTE: Multiple applications from an organization are not allowable. An organization is defined by having a unique Employer Identification Number (EIN). If an organization submits multiple applications, only the last application that is validated by Grants.gov prior to the deadline will move forward.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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

Eligible Trainees

Trainees receiving support from award funds must be: (a) a citizen of the United States, a non-citizen U.S. national, or a foreign national having in his or her possession a visa permitting permanent residence in the United States; and (b) a physician who has graduated from an accredited school of medicine or osteopathic medicine in the United States or if a graduate from a foreign school, must meet the criteria of the Educational Commission for Foreign Medical Graduates, for entry into the program supported by this grant. Individuals interested in participating in this program must apply directly to the residency training program and plan to complete the grant-supported program and engage in the practice and/or teaching of preventive medicine and public health, especially in positions which meet the needs of medically underserved populations.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 Research and Related (R&R) application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as “instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (bio sketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376 and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in **Attachment 9**.

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

Program-Specific Instructions

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

i. Project Abstract

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. 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).
4. The specialty(ies) of preventive medicine for which support is requested.

ii. Project Narrative

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

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

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

You must briefly describe the purpose of the proposed project consistent with the program requirements in the NOFO. Include the specialties in preventive medicine for which support is being requested.

- Briefly describe the purpose of the proposed project.
 - Outline the needs of the training program or institution. You must describe and document the need for the preventive medicine physicians you propose to train and your institution's training needs for preventive medicine residents.
 - You should include a discussion of the target population served by your preventive medicine residency program, including the socio-cultural determinants of health and health disparities affecting the population or communities served.
 - Use and cite demographic data and provide references whenever possible to support the information provided.
 - If the project is a request for a competing continuation of an existing project, include a progress report of achievement in meeting objectives, gaps, and need for continued support in Attachment 7. Provide a summary statement of the need for continued support in the needs section.
- **RESPONSE TO PROGRAM PURPOSE** -- *This section includes 3 sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

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

You must 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. You must:

- Clearly describe your existing preventive medicine residency and public health training activities and how your proposed activities are: 1) innovative; 2) will improve the training of preventive medicine residents and other health professionals to improve health for communities, particularly those that are medically underserved; and 3) potentially replicable and may have wider national impact.

- Provide a training chart that indicates the number of preventive medicine residents (by specialty) you plan to train by level and the number you project to graduate for each year of the project period. Include:
 - projected numbers for any additional health professionals that will be trained in addition to the preventive medicine residents;
 - the trainees' health profession and level of training; and
 - the total number of accredited preventive medicine resident positions and projected total number of residents in training, including residents that will not be supported by this grant program.
- If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
- Describe any key partner programs, departments, and organizations involved in the project and describe how you will function and coordinate carrying out the grant activities. Specifically describe rotations with governmental public health agencies and other public health practice partners. Provide letters of agreement, memorandums of understanding, and descriptions of proposed or existing contracts in **Attachment 2**. Attach letters of support in **Attachment 7**.

Applicants are encouraged to address HHS clinical priorities of addressing opioid abuse, mental health, and childhood obesity. In addition, applicants should emphasize competencies in emerging public health issues including disaster and emergency preparedness and training for practice in rural and underserved areas, including the use of telehealth. Applicants are also encouraged to partner with primary care and public health entities that focus on underserved communities, such as federally qualified health centers, Indian health service and Tribal health centers, and Rural Health Clinics

Operation of residency programs may include support for resident tuition, fees, travel, stipends, and other expenses, residency program infrastructure, and faculty costs, including faculty time and development activities. Resident trainee support may be provided for a maximum of 24 months, which includes the academic year and the practicum year. For the five-year project period, different cohorts of residents should be funded. Combined programs (e.g. Internal Medicine/Preventive Medicine or Family Medicine/Preventive Medicine) may provide stipends proportionally while the resident is in the preventive medicine residency part of the combined program only. Applicants must specify in the application when they are supporting combined preventive medicine residency programs and when in the program the preventive medicine training occurs.

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

You must provide a detailed work plan narrative and chart that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here:

<https://bhw.hrsa.gov/sites/default/files/bhw/grants/workplantemplate.pdf>). You must:

- Provide a detailed description of the activities or steps you will use to achieve each of the objectives proposed during the entire project period. Describe the timeframes, deliverables, and key partners required during the grant period of

performance to address each of the needs described in the Purpose and Need section.

- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant 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 diversity of the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

(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 2 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)

You must describe the plan for program performance evaluation. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. You must 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.

Applicants must specifically include a plan for evaluating any improvements in the educational program, such as the effect of the interventions on the knowledge, skills, practice, and career choices of the residents. Programs will be required to report on their evaluation progress and findings in their annual Progress Report.

You also must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Describe

current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must 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.

You must 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. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

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

You must provide a clear 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 grant 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. You must 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 #4

Succinctly describe your organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v, **Attachment 3**) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (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 form, which 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.

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 three 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.

| NARRATIVE GUIDANCE | |
|---|---|
| To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. | |
| <u>Narrative Section</u> | <u>Review Criteria</u> |
| Purpose and Need | (1) Purpose and Need |
| Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges | (2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges |
| Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability | (3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability |
| Organizational Information, Resources and Capabilities | (4) Organizational Information, Resources and Capabilities |
| Budget and Budget Narrative (below) | (5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested. |

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Please follow the instructions included the *R&R Application Guide* and, the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if the application is selected for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Failure to submit a complete budget and budget justification that conforms to the instructions and requirements of the NOFO and related SF 424 R&R application guide may deem the application as non-responsive and will not be recommended for review.

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

In addition, the Preventive Medicine Residency program requires the following, which corresponds to Section V's Review Criterion #5: The indirect cost is limited to 8 percent of the modified total direct cost.

The Consolidated Appropriations Act, 2017, Division H, § 202, (P.L. 115-31) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please 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 FY 2018, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the Preventive Medicine Residency program requires the following:

Applicants **must** summarize any other Federal funding currently being received to conduct activities with a preventive medicine residency focus and provide a narrative description as to how funding requested through the Preventive Medicine Residency Program is not duplicative of other funding sources.

Travel: Applicants should allow for annual travel to national and regional meetings related to preventive medicine.

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition (such as master's degree in public health)/fees/health insurance, stipends, travel to professional meetings, 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. **Trainee costs are to be obligated at the start of an individual resident's training year.** Budget periods for this grant program are expected to be May 1 through April 30. A trainee that starts, for example, on July 1, in the middle of an annual budget period, should have the full two years of trainee costs obligated at that time.

The only trainees eligible for stipend support are preventive medicine residents; for residents in dual or combined preventive medicine programs with a primary care specialty such as internal medicine, family medicine, or pediatrics, the awarded amount must only be used for the preventive medicine residency activities during time spent in the preventive medicine curriculum.

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

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

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, please 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 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 3: Project Organizational Chart

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

Attachment 4: Work Plan Chart

Provide a work plan chart that includes major program objectives, activities/tasks, responsible personnel, and timeline.

Attachment 5: Maintenance of Effort Documentation

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 2017 (Actual) Actual FY 2017 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$_____ | FY 2018 (Estimated) Estimated FY 2018 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$_____ |

Attachment 6: Documentation of Accreditation

Refer to [Section III.1](#) for specific accreditation documentation requirements.

Attachment 7: 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.).

Attachment 8: Other Relevant Documents

Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

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

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

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 *January 26, 2018 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The Preventive Medicine Residency Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a project period up to 5 years, at no more than \$400,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. 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, applications can be processed, and funds awarded in a timely manner. 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.

You may not use funds under this notice for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds may not be used for new construction or major renovation activities, international training or travel, or specialty board certification exam fees.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

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

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

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Preventive Medicine Residency Program has five (5) review criteria:

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

The extent to which the application demonstrates the problem and associated factors contributing to the problem, including the quality of and extent to which the application:

- Identifies and addresses a need for preventive medicine physicians in the medical and public health systems, including diversity of the workforce, as appropriate;
- Will provide service to a high need population; and
- Provides appropriate demographic data and references to support the information provided.

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

The extent to which the proposed project responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section, including the quality and extent to which the application:

- Proposes to train and graduate a reasonable number of preventive medicine residents relative to the budget request;
- Provides interprofessional training for preventive medicine residents;
- Proposes innovative or evidence-based training enhancements that will improve health for communities, particularly those that are medically underserved;

- Includes partnerships that will provide enhanced training and advance integration of public health and primary care, including rotations with governmental public health agencies and other public health practice partners;
- The extent to which project results may be national in scope and the degree to which the project activities are replicable;
- Proposes a feasible and effective plan for dissemination of project activities and results, if applicable;
- Proposes a plan to address HHS clinical priorities of addressing opioid abuse, mental health, and childhood obesity;
- Proposes a plan to address competencies in emerging public health issues including disaster and emergency preparedness and training for practice in rural and underserved areas, including the use of telehealth; and
- Proposes to partner with primary care and public health entities that focus on underserved communities, such as federally qualified health centers, Indian health service and Tribal health centers, and Rural Health Clinics.

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

The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of how stakeholders are representative of the diversity of the populations and communities served.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (c) Resolution of Challenges

The extent to which the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Criterion 3: IMPACT(25 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 (15 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

The extent to which the application will effectively evaluate and report on appropriate outcomes, including both internal program evaluation and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a). Specific criteria include:

- The strength and effectiveness of the methods proposed to monitor and evaluate the project results, including evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes.
- The extent to which the application anticipates obstacles to the evaluation and propose how to address those obstacles.

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

The extent to which the application describes a solid plan to sustain key elements of their project after the period of federal funding ends, and clearly articulates likely challenges to be encountered in sustaining the program and describes logical approaches to resolving such challenges.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project, including the degree to which the organization’s mission aligns with the goals of this program. These will be evaluated both through the narrative and the attachments.

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

Applications will be reviewed for the adequacy and the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the educational activities, and the anticipated results, including:

- The extent to which the budget narrative provides sufficient detail with line item documentation to determine how the funds requested will be used and are tied to the objectives.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.

2. Review and Selection Process

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

Please see Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk and Other Pre-Award Activities

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](#)).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, the HRSA's approving and business management officials will determine whether an award can be made, 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.

Effective January 1, 2016, 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 any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of May 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of May 1, 2018. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 R&R Application Guide](#).

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. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

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

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

Further information will be provided in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All BHW 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 award notice.

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 project period, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends.

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

The Final Report is designed to provide BHW 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 award notice.

- 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. Financial reports must be submitted electronically through the EHB system. Information that is more specific will be included in the award notice.
- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75](#) Appendix XII.

VII. Agency Contacts

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

Mrs. Latisha Nibblett
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1582
Fax: (301) 443-6343
Email: lnibblett@hrsa.gov

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

Steven Coulter, MD
Public Health Analyst and Project Officer, Division of Medicine and Dentistry,
Medical Training and Geriatrics Branch
Attn: Preventive Medicine Residency Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N144A
Rockville, MD 20857
Telephone: (301) 945-3336
Fax: (301) 443-0162
Email: scoulter@hrsa.gov

Or

Irene Sandvold, DrPH, FACNM, FAAN
Special Assistant/Project Officer, Division of Medicine and Dentistry, Medical
Training and Geriatrics Branch
Attn: Preventive Medicine Residency Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N152
Rockville, MD 20857
Telephone: (301) 443-2295
Fax: (301) 443-0162
Email: isandvold@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII. Other Information

Technical Assistance

The following technical assistance webinars have been scheduled.

Day and Date: Tuesday, December 12, 2017
Time: 3:00 pm to 4:30 pm
Call-In Number: 1-888-950-6751
Participant Code: 4593214
Web link: https://hrsaseminar.adobeconnect.com/preventive_medicine/
Playback Number: 1-888-568-0155
Passcode: 1710

IX. 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, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. You can access these webcasts at <http://www.hrsa.gov/grants/apply/writestrong/>.