U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Integrated Substance Use Disorder Training Program (ISTP)

Funding Opportunity Number: HRSA-21-087
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: February 24, 2021

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

Issuance Date: December 11, 2020

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Authority: 42 U.S.C. § 294k (a)(2) (Section 760(a)(2) of the Public Health Service Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Integrated Substance Use Disorder Training Program (ISTP). The purpose of this program is to expand the number of nurse practitioners, physician assistants, health service psychologists, and/or social workers trained to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care, mental health, and substance use disorder services.

Applicants must propose to plan, develop, and operate a 12 months full-time (24 months half-time) training program for nurse practitioners, physician assistants, health service psychologists, and/or social workers that trains practitioners to provide care for individuals in need of mental health and substance use disorder prevention, treatment, and recovery services.

Funding Opportunity Title:	Integrated Substance Use Disorder Training Program (ISTP)
Funding Opportunity Number:	HRSA-21-087
Due Date for Applications:	February 24, 2021
Anticipated Total Available FY 2021 Funding:	$6,500,000
Estimated Number and Type of Awards:	Approximately 2 grants (fully funded at the outset for use over the period of performance)
Period of Performance:	July 1, 2021 through June 30, 2026 (5 years)

Eligible Applicants:	Teaching health centers; Federally qualified health centers; Community mental health centers; Rural health clinics; Health centers operated by the Indian Health Service, Indian tribes, tribal organizations, or urban Indian organizations (as defined in section 4 of the Indian Health Care Improvement Act); Entities with a demonstrated record of success in providing training for nurse practitioners, physician assistants, health service psychologists, and/or social workers.
	Individuals are not eligible to apply under this NOFO.
	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of the NOFO and provide 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 Integrated Substance Use Disorder Training Program (ISTP).

Program Purpose

The purpose of this program is to expand the number of nurse practitioners, physician assistants, health service psychologists, and/or social workers trained to provide mental health and substance use disorder (SUD), including opioid use disorder (OUD) services in underserved community-based settings that integrate primary care, mental health, and SUD services.

Applicants must propose to plan, develop, and operate a 12 months full-time (24 months half-time) training program for nurse practitioners, physician assistants, health service psychologists, and/or social workers that trains practitioners to provide care for individuals in need of mental health and SUD/OUD prevention, treatment, and recovery services.

Program Goals

The ISTP program is designed to foster robust clinical training and augment expertise among clinicians who will see patients at access points of care and provide addiction prevention, treatment, and recovery services. Participants will be practicing professionals from the following disciplines: **nurse practitioners**, **physician assistants**, **health service psychologists**, and/or **social workers.**

Program Objectives

1. Increase the number of practicing nurse practitioners, physician assistants, health service psychologists, and/or social workers who are trained to provide integrated mental health and SUD/OUD services in a primary care underserved community-based setting.

2. Plan, develop, and operate a training program to provide mental health and SUD/OUD services in underserved, community-based settings that integrate primary care, mental health, and SUD/OUD prevention, treatment, and recovery services.

3. Increase the number of physician assistants and nurse practitioners that are trained in Medication Assisted Treatment (MAT) with a clinical training component and obtain a data-2000 waiver.

4. Establish a foundation of skills and expertise for the community-based program that supports training nurse practitioners, physician assistants, health service psychologists, and/or social workers to provide mental health and SUD/OUD prevention, treatment, and recovery services utilizing a team-based care model.

2. Background

This program is authorized by 42 U.S.C. § 294k(a)(2) (Section 760(a)(2) of the Public Health Service (PHS) Act). This funding opportunity further addresses the current Public Health Emergency due to the opioid crisis.[1] HRSA recently funded similar training for physicians through the Addiction Medicine Fellowship grant program. This opportunity extends the focus of such training to practicing nurse practitioners, physician assistants, health service psychologists, and/or social workers.

The Centers for Disease Control and Prevention (CDC) estimated that 67,367 Americans died from drug overdose in 2018[2], and on average 128 Americans die of an opioid overdose every day.[3] SUD, including Opioid Use Disorder (OUD) also contribute to more than 70 other conditions requiring medical care and to a wide range of social consequences, costing our nation more than $700 billion each year.[4]

Over the past several decades, there has been an expanding awareness of the importance of SUD education for many clinicians. The greater emphasis on SUD training corresponds with a wider perception of SUD as a chronic condition that has led in part to the development of SUD training programs.[5] As a result, the quantity and quality of education on SUD have improved.[6] Despite this improvement in SUD training, the overall emphasis on SUD among various levels of training remains disproportionately low compared with other chronic medical disorders.[7,8,9,10,11]

Behavioral health care is the continuum of services for persons at risk of or suffering from mental, behavioral, or addictive disorders, such as post-traumatic stress disorder, substance use disorders, and depression. Behavioral health issues are the leading cause of disabilities that contribute to rising healthcare costs in the United States.[12] Additionally, there are significant behavioral health disparities in underserved communities. These disparities may be due to lack of access to health care, need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

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[1] Secretary of Health and Human Services, Retrieved May 19, 2020, from
https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

[2] Center for Disease Control and Prevention. (n.d.). *Drug Overdose Deaths*. Retrieved May 21, 2020, from
https://www.cdc.gov/drugoverdose/data/statedeaths.html

[3] National Institute on Drug Abuse. (2018, March*). Opioid Overdose Crisis*. Retrieved May 21, 2020, from
https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis.

[4] Center for Disease Control and Prevention. (n.d.). *Understanding the Epidemic*. Retrieved May 21, 2020, from
https://www.cdc.gov/drugoverdose/epidemic/index.html.

[5] Galanter M, Kaufmen E, Schnoll S, Burns J. Postgraduate medical fellowship training in alcoholism and drug abuse: national consensus standards. Am J Drug Alcohol Abuse. 1991;17:1–12.

[6] Fleming M, Barry K, Davis A, et al. Medical education about substance abuse: changes in curriculum and faculty between 1976 and 1992. Acad Med. 1994;69:362–369.

[7] Klamen DL. Education and training in addictive diseases. Psychiatr Clin North Am. 1999;22:471–480.

[8] Isaacson JH, Fleming M, Kraus M, et al. A national survey of training in substance use disorders in residency programs. J Stud Alcohol. 2000;61:912–915.

[9] Spangler JG, George G, Foley KL, Crandall SJ. Tobacco intervention training: current efforts and gaps in US medical schools. JAMA. 2002;288:1102–1109.

[10] Powers CA, Zapka JG, Bognar B, et al. Evaluation of current tobacco curriculum at 12 US medical schools. J Cancer Educ. 2004;19:212–219.

[11] Prochaska JJ, Fromont SC, Louie AK, et al. Training in tobacco treatments in psychiatry: a national survey of psychiatry residency training directors. Acad Psychiatry. 2006;30:372–378.

[12] Behavioral Health, 2016-2017, TECHNICAL REPORT, August 28, 2017, National Quality Forum, Retrieved July 14, 2020, from
http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=85831

The ISTP Program aims to provide information to participants throughout their training program about the National Health Service Corps (NHSC) programs, particularly the Loan Repayment Program (LRP), (https://nhsc.hrsa.gov/loan-repayment/index.html) as well as the Indian Health Service (IHS) Loan Repayment Program (https://www.ihs.gov/loanrepayment/) and provide guidance and resources to help them locate employment in NHSC approved sites after they complete the training program.

The NHSC is committed to strengthening the primary care workforce through the recruitment and retention of high quality primary care providers at NHSC-approved sites. The NHSC LRP provides loan repayment assistance to qualifying health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area. The NHSC plans to provide eligible clinicians who have completed a HRSA-funded ISTP with priority status when applying for NHSC LRP awards. Details concerning the priority status for eligible clinicians who have completed the ISTP will be announced in a forthcoming NHSC Application and Program Guidance to be released beginning the first program competitive cycle, following the awarding of the ISTP program grant funds or subsequently thereafter.

HRSA has a number of investments targeting OUD and other SUDs across its Bureaus and Offices For information on HRSA-supported resources, technical assistance, and training, visit here: https://www.hrsa.gov/opioids.

Telehealth can be an important tool for improving access to quality health care, especially for underserved and economically or medically vulnerable populations. Applicants are encouraged to reach out to one of the 12 HRSA-supported Regional Telehealth Resource Centers (https://www.hrsa.gov/rural-health/telehealth), which provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities. Additional information on telehealth can be found at https://telehealth.hhs.gov/.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be found at the Health Workforce Glossary.

In addition, the following definitions apply to the Integrated Substance Use Disorder Training Program (ISTP) for Fiscal Year 2021:

Underserved, Community-based Setting is a care delivery site that provides integrated mental health and substance use disorder services in underserved community-based primary care settings. For purposes of this NOFO, a community-based setting includes, but is not limited to, a Teaching Health Center; federally qualified health center; community mental health center; rural health clinic; Health center operated by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act). See Section III.1 Eligibility for definition of these terms.

Digital Literacy means the ability of an individual to find, evaluate, and compose clear information through writing and other media on various digital platforms.

Health Service Psychologists are certified and licensed practitioners, holding a Ph.D. or equivalent graduate degree in clinical or counseling psychology, who provide preventive, consultative, assessment, and treatment services in a broad range of settings, including independent or group practice, multidisciplinary clinics, counseling centers, or hospitals.

Medication-Assisted Treatment (MAT) – MAT, including opioid treatment programs (OTPs), combines behavioral therapy and Food and Drug Administration (FDA) approved medications to treat SUD.

Medication Assisted Treatment (MAT) DATA 2000-Waived Provider - Through the Drug Addiction Treatment Act of 2000 (DATA 2000), the Comprehensive and Addiction and Recovery Act (CARA) of 2016, and the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018 health practitioners who meet certain qualifications are allowed to treat opioid dependency with medications approved by the FDA—including buprenorphine— in treatment settings other than Opioid Treatment Programs. The Act permits qualified providers to obtain a waiver from the separate registration requirements of the Narcotic Addict Treatment Act of 1974 to treat opioid dependency with Schedule III, IV, and V medications or combinations of such medications that have been approved by FDA for that indication.

Mental Health Professional Shortage Areas can be found using the HPSA Find Tool at https://data.hrsa.gov/tools/shortage-area/hpsa-find

Mental Health Services in primary healthcare involves diagnosing and treating people with mental disorders; putting in place strategies to prevent mental disorders and ensuring that primary healthcare workers are able to apply key psychosocial and behavioral science skills, for example, interviewing, counselling and interpersonal skills, in their day to day work in order to improve overall health outcomes in primary healthcare.[13]

National Provider Identifier (NPI) – The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. Additional information about NPIs can be found at the following site: https://nppes.cms.hhs.gov/.
Opioid Use Disorder (OUD) is a problematic pattern of opioid use leading to clinically significant impairment or distress occurring within a 12-month period.

Participant means, for the purposes of this NOFO, a practicing nurse practitioner, physician assistant, health service psychologist, or social worker who receives training

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[13] What is primary care mental health?: WHO and Wonca Working Party on Mental Health. (2008). Mental health in family medicine, 5(1), 9–13. Retrieved July 9, 2020 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777553/.

to become more proficient in providing mental health, OUD and SUD services in underserved community-based settings.

Substance Use Disorder (SUD) means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $6,500,000 will be available to fund two recipients. You may apply for a ceiling amount of up to $3,250,000 in total cumulative costs, with a ceiling amount of $650,000 per year (includes both direct and indirect/facilities and administrative costs). All funds will be awarded the first year for use over the entire period of performance. The period of performance is July 1, 2021 through June 30, 2026 (5 years).

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 in a timely manner.

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

Limitations on indirect cost rates.
Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and 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 for the ISTP are:
- A Teaching Health Center (as defined in PHS Act Section 749A(f)), or

- A Federally Qualified Health Center (as defined in section 1905(l)(2)(B) of the Social Security Act)[14], or
- A Community Mental Health Center (as defined in section 1861(ff)(3)(B) of the Social Security Act), or
- A Rural Health Clinic (as defined in section 1861(aa) of the Social Security Act), or
- A health center operated by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), or
- An entity with a demonstrated record of success in providing training for nurse practitioners, physician assistants, health service psychologists, and/or social workers.

For purposes of this NOFO, an entity with a demonstrated record of success in providing training for nurse practitioners, physician assistants, health service psychologists, and/or social workers is an existing accredited training program for one or more of the eligible disciplines that train practicing professionals.

Provide documentation of applicant organization's eligibility as specified in this section as **Attachment 9.**

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $3,250,000 for the entire 5 year period, and $650,000 per year (direct and indirect costs), non-responsive and will not consider it for funding under this notice.

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

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[14] Social Security Act. Retrieved on July 9, 2020 from https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

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. Complete the Maintenance of Effort information and submit as *Attachment 6*.

Multiple Applications
NOTE: Multiple applications from an organization are not allowable. An organization is defined by having a valid Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI).

An applicant may apply for funding to train practicing nurse practitioners, physician assistants, health service psychologists, and/or social workers, however you must submit a single application.

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. **Applications received without the required information will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program-specific information below. You are

responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **80** pages when printed by HRSA. The page limit includes the abstract, 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. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-087, 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. 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.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 13***: Other Relevant Documents*.

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

Program-Specific Instructions

Program Requirements

1. Provide training to practicing nurse practitioners, physician assistants, health service psychologists, and/or social workers, either by developing or enhancing a program, clinical rotation or training track in underserved community-based settings to provide integrated mental health and SUD/OUD services. The training must include team-based care practices for /prevention, treatment, and recovery services in settings that integrate primary care and mental health and SUD/OUD services. The interprofessional team may include community health workers (CHW), Peer Recovery Specialists, or other behavioral/mental health paraprofessionals.

2. Collaborate and establish formal relationships between one or more clinical community based training sites and an academic institution to create a foundation of skills and expertise to provide mental health and SUD/OUD prevention, treatment, and recovery services on integrated, interprofessional teams.

3. Develop and implement trainings for nurse practitioners, physician assistants, health service psychologists, and/or social workers to provide mental health and SUD/OUD treatment services, remotely via telehealth and other distance learning modalities.

4. Design team based training approaches for participants to improve digital literacy for patients and their families impacted by mental health and OUD/SUD. The team based training approaches to improve digital literacy may be carried out through teams that incorporate paraprofessionals.

5. Provide MAT Waiver training for physician assistants and nurse practitioners in community based settings along with an additional clinical training beyond the didactic component.

6. Support faculty/instructor/interprofessional training team development activities to support the ISTP program goals and objectives listed on page one of the NOFO.

7. Collect National Provider Identifier (NPI) numbers of participants who participate in the programs.

8. Provide information to participants throughout their training program about the National Health Service Corps (NHSC) programs, particularly the Loan Repayment Program, (https://nhsc.hrsa.gov/loan-repayment/index.html) as well as the Indian Health Service (IHS) Loan Repayment Program (https://www.ihs.gov/loanrepayment/) and provide guidance and resources to help them locate employment in NHSC approved sites after they complete the program.

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*
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. The specific, measurable objectives that the project will accomplish
3. The clinical priorities that will be addressed by the project
4. A description of how the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of a project
5. Identify **all** disciplines to be trained
   - nurse practitioners
   - physician assistants
   - health service psychologists
   - social workers
6. State if a funding priority is being requested, and which criterion applies. Refer to *Section V 2 ReviewandSelectionProcesss*.

The project abstract must be single-spaced and is limited to one page in length.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project. It must address the goals and purpose of the NOFO and the strategies to be used in attaining the goals and meeting the funding opportunity's purpose.

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

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

This section will help reviewers understand the organization that would receive funding for training as well as the needs of the areas that participants would ultimately serve.

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

1. The state and local (e.g., community, county) health status indicators including overdose rate, morbidity and mortality statistics related to behavioral health, SUD, including OUD in the community.

2. The demographics of the community and the clinical training site(s) population(s) that participants will serve, data on the social determinants of health, behavioral health disparities, and status of access to integrated primary care and mental health and SUD/OUD services, that will be addressed through the proposed project.

3. The efforts towards and success for the recruitment and retention of nurse practitioners, physician assistants, health service psychologists, and/or social workers who are trained to recognize, diagnose, and treat mental health and SUD/OUD.

4. The need for physician assistants and nurse practitioners to be trained in MAT, to receive clinical training, and to obtain DATA-2000 waivers.

5. The need to develop or enhance evidence based practices, trainings, clinical rotations, and clinical curriculum content standards to train and provide SUD/OUD treatment services remotely via telehealth and other distance learning modalities. Current team based training approaches and need to improve digital literacy for patients and families impacted by OUD/SUD.

6. The training needs for faculty/instructor(s) at the applicant's educational and/or clinical training sites.

7. The current telehealth capacity and use in educational programs at the applicant's clinical training sites and the need (if any) for enhancing telehealth use in service delivery and training.

8. Clinical training site(s) where the participants will train, including the information depicted in **Attachment 10, Table 1**.

- *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.

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.

2. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

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

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

Attach the Work plan as **Attachment 1.**

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

1. Describe your overall objectives (specific, measureable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

2. Describe how you plan to develop effective tools and strategies for ongoing faculty/instructor development, outreach, collaborations, and clear lines of communication.

3. Describe how you plan to develop effective tools and strategies for ongoing development and recruitment of nurse practitioners, physician assistants, health service psychologists, and/or social workers.

4. Describe a plan for partnering with academia and community based programs in making decisions on the program and identifying their priority needs and solutions with efforts to involve patients, families, and communities.

5. Describe a plan to disseminate reports, products, and/or project outputs so project information is provided to key audiences. Explain why your project is innovative and provide the context for why it is innovative.

6. Provide a training chart as **Attachment 12** with projected number of participants and discipline(s) to be admitted and complete the program each year of the project.

7. Provide a one page logic model appropriate for designing and managing the project that includes objectives, activities, and short, intermediate and long term outcomes and attach as **Attachment 7.**

8. Provides a plan to collect post-program completion employment data, including demographics on participants, and how you will obtain the NPI number required for BHW performance reports.

Logic Model

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. 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 or deliverables 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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.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. Include attention to the following as applicable:

1. Describe challenges related to achievement of project objectives, carrying out the work plan according to the proposed timetable, and project implementation.

2. Describe challenges in recruiting participants, faculty/instructor or adjunct faculty in the clinical training sites.

3. Describe challenges in arranging placements in underserved, community-based programs for the learning experiences.

4. Identify obstacles in obtaining experiences in sites that offer telehealth.

5. For each challenge, describe optional plans to resolve these 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)*

1. Describe the plan for program performance evaluation that will contribute to continuous quality improvement. 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 personnel 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.

2. Identify the lead evaluator with qualifications. Describe current experience, skills, and knowledge for lead evaluators, including individuals on staff, materials published, and previous work of a similar nature.

3. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.

4. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the project objectives have been met, and 2) the extent to which these can be attributed to the project.

5. 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*

6. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report 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.

7. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program.

8. Describe current experience, skills, and knowledge for lead evaluators, 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.

9. Describe the evaluation and reporting plan and 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.

10. Describe your process to track participants after program completion for up to 1 year, to include collection of participants' NPI. (Note: Participants who receive HRSA funds as a result of this award are encouraged to apply for an NPI number for the purpose of collecting post-program completion employment demographics).

11. *Describe your 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/.*

Performance Reporting Plan:

HRSA requests that you collect the following preliminary list of data annually.

1. Number, setting, and location of clinical training site(s).

2. Number, discipline, demographics of participants, hours trained in clinical training site(s) and number of participant-patient encounters, including telehealth encounters.

3. Number and type of new or enhanced activities (e.g. trainings, curriculum, courses, evidence-based models, rotations, seminars) and other innovative methods to be developed, enhanced, and implemented in the project.

4. Number of participants who intend to serve in rural (as applicable) and or underserved areas upon completion of training.

5. Program training type and learning activities.

6. Description of learning activities in rural (as applicable) and /or underserved areas.

7. Number of faculty/instructor who received training related to the project objectives.

8. Characteristics of faculty/instructor professional development activities related to the project objectives.

9. Number of nurse practitioners and physician assistants who receive training related to DATA 2000 waiver to provide MAT treatment, and integrated behavioral health in primary care.

10. Number of individuals who received a DATA2000 waiver to provide MAT.

11. Number of training activities focused on team-based training. Number and occupation of paraprofessionals involved in interdisciplinary teams.

12. Quality, quantity and distribution of pre-award mental health and SUD/OUD services.

13. Effects of the program on prevalence of untreated mental illness and SUD/OUD in the communities served.

14. Number of participant -patient encounters, including telehealth encounters as applicable, with previously untreated SUD/OUD patients.

(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)
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. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

1. Plans for exploring future sources of potential funding.

2. Proposed timetable for becoming self-sufficient.

3. Challenges that are likely to be encountered to sustain the program and proposed approaches that will be used to resolve these challenges.

Specify how the plan addresses sustaining key elements of the supported activities such as participant training, educational strategies, partnerships; tangible next steps for continuing the project activities and evaluation beyond the duration of the project.

- *ORGANIZATIONAL INFORMATION, RESOURCES, and CAPABILITIES --
  [Corresponds to Section V's Review Criterion #4](#)*

Succinctly describe your 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 implement the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v./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 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 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.

Describe the following:

1. The assets and past experience of your organization in conducting training for nurse practitioners, physician assistants, health service psychologists, and/or social workers trained to provide mental and substance use disorders services in underserved community-based settings that integrate primary care and mental and substance use disorders services.

2. The mission of the applicant organization and the organization's commitment to providing integrated services in underserved, community- based settings.

3. Capacity of the faculty/instructor to provide the didactic, field experiences, and clinical experiences for participants, evidence of linking training to best practices, and examples of other training programs that can improve health outcomes and strengthen the workforce.

4. Documentation of a qualified staffing plan as **Attachment 2** and project organizational chart as **Attachment 4**.

5. Evidence of institutional support such as letters of agreement and support, in-kind contribution of faculty/instructor, staff and resources, other partners providing support, provided in **Attachments 3 and 8**.

6. Documentation that the applicant organization has developed linkages for clinical trainings in underserved community based settings as defined by this NOFO. Include Documentation of Clinical Sites as **Attachment 10.**

7. Documentation of institutional resources to provide training and services through telemedicine and telehealth that provides a rationale for equipment and technical support requested in this application.

8. Capacity of the program to provide the type and volume of learning experiences, academic partnerships, and community resources needed for participants to meet the competencies and clinical training experiences required for the program.

In the Attachments section (IV. 2. v./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.

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 the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase. Only one SF-424 Research and Related (R&R) budget form is required and must reflect a single budget period for the five (5) year project period. See additional instructions under budget justification narrative.

All applicants must provide a plan and budget that can support the projected number of participants that will be trained under this grant per year.

Training Costs: Over the 5-year period of performance, no less than 50 percent of the total funding must be dedicated to costs for planning, developing, and operating a training program. Costs include, but are not limited to, time/effort and fringe benefits of participants based on their participation in the training; instructor costs, costs associated with their travel to clinical training sites and conferences, conference fees; materials, supplies, software and equipment (e.g., telehealth).

Twelve consecutive months of participant training support is allowed per full-time participant. Part-time participants are allowed to receive participant costs prorated for each month that they participate in the training program for no more than 24 consecutive months.

Administration and Program Management Costs: Over the 5-year period of performance, no more than 50 percent of total funding can be used for administration and program management (e.g., project director, program coordinator, other staff time/effort and fringe benefits; faculty/instructor development, including conferences and travel related expenses; indirect costs and other program support costs).

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 budget justification narrative must match the subaward budget and itemize costs for each year of the entire 5 year budget period.

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award. In addition, the ISTP program requires the following:

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2020, the Executive Level II salary level is $197,300. See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

You should reference Section IV.2. iv. Budget Justification Narrative, Section IV.6. Funding Restrictions, and the SF-424 R&R Application Guide to ensure appropriateness of the proposed budget.

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 **80 page limit.** Each year must be clear and concise, with totals for each section that aligns with the SF-424 R&R budget form and MUST include a total requested per year.

Note: Although there is only one SF 424 R&R budget form required for the entire period of performance, applicants must provide a budget justification with a total requested for each 12-month increment of activity for funding requested at the time of application. This yearly breakdown must be included in the budget justification narrative ONLY.

Applicants must prepare a budget justification narrative that itemizes each of the 5 funding years. No more than 50 percent of funding over the 5-year period of award can be used for administration and program management.

To allow for project flexibility, within a given budget year you can spend up to 60 percent of annual funding on administration and program management to allow for Administration/Program Management as long as the 5 year average remains no more than 50 percent.

An example of how this may look is as follows:

	Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Average
Administration/Program Management	60%	60%	50%	40%	40%	50%
Training Costs	40%	40%	50%	60%	60%	50%

In this example, year 1 and year 2 costs are split 60/40 between Administration/ Program Management, and participant costs; in year 3 costs are split 50/50; and in years 4 and 5 costs are split 40/60 between Administration/Program Management, and participant costs.

Training Costs: Ensure that your budget justification narrative includes a sub-total entitled "Total Training Costs" which includes the summation of all training costs, e.g., time/effort and fringe benefits of participants based on their participation in the training; instructor costs, costs associated with their travel to clinical training sites and conferences, conference fees; materials, supplies, software and equipment; *Telehealth and Other Distance Learning Modalities*: List costs related to implementation of telehealth didactic and clinical training, including equipment, software, and other materials and total estimated costs.

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

NARRATIVE GUIDANCE		
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.		
Narrative Section	**Review Criteria**	**Review Criterion Points**
Purpose and Need	(1) Purpose and Need	25

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
		35
		  (a) 15
		  (b) 15
		  (c) 5

Impact:
(a) Evaluation and Technical
    Support Capacity
(b) Project Sustainability
	(3) Impact:
	(a) Evaluation and Technical
	    Support Capacity
	(b) Project Sustainability
		20
		  (a) 10
		  (b) 10

Organizational Information,
  Resources, and Capabilities
	(4) Organizational Information,
	    Resources, and
	    Capabilities
		10

Budget and Budget Justification Narrative	(5) Support Requested	10
		100

v. *Attachments*

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

Attachment 1: Work Plan (Required)
> Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make sub awards 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, 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 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (As Applicable)
> Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements

should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. 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. *(As Applicable)*
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: Maintenance of Effort Documentation. *(Required)*
Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

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

Attachment 7: Logic Model *(Required)*
Provide a logic model that presents the conceptual framework for your project.

Attachment 8: Letters of Support *(As Applicable)*
Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 9: Documentation of Eligibility (*Required*)
　　You must provide a statement that you meet at least one of the eligibility criteria indicated in [Section III.1.](#)

Attachment 10: Description of Clinical Training Sites (*Required*)
　　Provide a table description of the clinical training site(s) as described in the Purpose and Needs section and depicted in Table 1 below, including the number of hours per week for each rotation that each participant will be able to participate. This information will be used by reviewers to understand and evaluate your application under review criterion 1.

Clinical Training Site Name	Clinical Training Site Address (EXAMPLE: XX Main Street, Town, State, Extended Zip code)	Number of Participants and Discipline who will be involved in grant activities	Team-based care setting (Yes/No)	Number of participant hours and weeks/months at training site	Clinical training site offers MAT and SUD/OUD prevention and treatment services (Yes/No)	Clinical training site offers telehealth services (Yes/No)	Clinical training site is located in a Mental Health Professional Shortage Area (HPSA) or is a Facility Mental HPSA found in the HPSA Find Tool located at https://data.hrsa.gov/tools/shortage-area/hpsa-find (Insert score)

Attachment 11: Documentation of Funding Priority (*As Applicable*)
　　Provide a statement of the specific requested funding priority (if requested), and documentation of meeting the specific priority qualification.

Attachment 12: Training Chart (*Required*)
　　Provides a training chart with projected number of participants and their discipline to be admitted and completed from the program for each year of the project.

Attachment 13: Other Relevant Documents (*As Applicable*)
　　Include here any other document that is relevant to the application including additional letters of support.

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. Beginning in December 2020, 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: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update page.

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

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

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

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

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

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

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

assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *February 24, 2021 at 11:59 p.m. ET.* HRSA suggests submitting applications to Grants.gov at least three **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 ISTP is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of 5 years, at no more than $650,000 per year (inclusive of direct **and** indirect costs).

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal years, as required by law.

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

International travel or construction.

Accreditation Costs (i.e., renewals, annual fees, etc.) of any kind are not allowable under this program.

Project Director: The Project Director (PD) for the ISTP <u>must</u> be a physician, nurse practitioner, physician assistant, health service psychologist, or social worker. The Project Director must be employed by (or on faculty/staff of) the applicant organization, and dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities. If the percent time of the PD is not

reflected in the budget, you must indicate this as an in-kind contribution. HRSA will not consider applicants that do not demonstrate the qualifications or experience described above.

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 applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. The ISTP has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (25 points) – Corresponds to Section IV's Purpose and Need
The extent to which the application demonstrates the need for the training program and associated contributing factors, including the quality and extent to which the application:
1. Includes state and local (e.g., community, county) health status indicators, including overdose rate, morbidity and mortality statistics related to behavioral health, SUD/OUD in the community.

2. Demonstrates how the data on demographics, social determinants of health and health disparities faced by the population served affect mental health, SUD/OUD and how integrated care will benefit the community and community-based program.

3. Describes need, including recruitment and retention efforts, of nurse practitioners, physician assistants, health service psychologists, and/or social workers who are trained to provide mental health and SUD/OUD services in

underserved community-based settings that integrate primary care and mental and substance use disorders services.

4. Provides evidence of need for physician assistants and nurse practitioners (as appropriate) to be trained in MAT in the community-based program and benefit to the community at large.

5. Demonstrates the need to develop and implement trainings based on evidence based practices to train providers and to provide SUD/OUD treatment services via telehealth, and the need to train providers on ways to improve digital literacy for SUD/OUD impacted individuals and their families.

6. Demonstrates the need and type of faculty/instructor development and benefit to the program and community at large.

7. Provides clinical training site(s) description as **Attachment 10.**

8. Demonstrates the need for telehealth services and its use in the ISTP funded training program.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 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 (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan
The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the populations and communities served. The reviewers will assess the extent to which:

1. The objectives and sub objectives for the project are specific, measurable, achievable, realistic, and time framed.

2. The activities or steps you will use to achieve each of the objectives proposed during the entire period of performance are specific and identified for each year of the project period and provide indication of persons responsible for each activity.

3. The timeframes, deliverables, and key partners required during the grant period of performance to address each of the activities, are designed to address the needs described in the Purpose and Need section, and are appropriate for the project. The implementation timeline must be included for the project period throughout the five year period of performance.

4. The support and collaboration with key stakeholders, including academic institutions, in planning, designing and implementing all activities described, and

the extent to which these contributors reflect the populations and communities served is documented.

5. If applicable, the applicant organization will ensure the funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements regarding sub-recipient monitoring and management.

6. Specific plans and strategies for the number of participants /participants to enroll are reasonable and comprehensive for the resources described and the actions planned to recruit and admit participants /participants and to retain them to program completion are in place and feasible.

7. Plans for applicant evaluation of project activities with indicators and measures and plan for feedback into future activities are specific.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach
The extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. The reviewers will assess the extent to which the applicant:

1. Provides a clear description of how the applicant organization will go about planning and implementing a training program including collaboration with academic institutions.

2. Provides recruitment and retention strategies that are likely to be successful and provides a clear training chart as **Attachment 12** by training year for projected enrollment and program completion.

3. Provides a plan and timeline for training physician assistants and nurse practitioners with dedicated clinical experiences with at least one provider with a DATA-2000 waiver who provides MAT services for individuals with SUD/OUD.

4. Provides a plan to collect post-program completion employment data, including demographics of participants. Provides a plan or statement that they will require participants to obtain a NPI number and collect these numbers for BHW performance reports.

5. Provide or plan for dedicated experiences for participants in use of telehealth technology to improve access to health services and improve health outcomes. Provides description of existing resources, partnerships, and plans for development of telehealth education and services.

6. Provides a logic model, found in **Attachment 7**, for conceptualizing, managing and evaluating the project that provides a comprehensive framework for the project.

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 including those listed below.

1. Challenges related to achievement of project objectives, carrying out the work plan according to the proposed timetable, and project implementation.

2. Challenges in recruiting participants, faculty/instructor, or adjunct faculty in the clinical training sites.

3. Challenges in collaborating with academic institutions.

4. Challenges in obtaining experiences in sites that offer telehealth or telemedicine.

5. Provides potential solutions for resolving each challenge.

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY   (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity
The extent to which the proposed project has a public health impact and the project will be effective, if funded. The extent to which the application effectively reports on the measurable outcomes being requested. This includes both internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include:

1. The strength and effectiveness of the method proposed to monitor and evaluate the project results.

2. 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.

3. The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement.

4. 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.

5. The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles.

6. The extent to which the feasibility and effectiveness of plans for dissemination of project results is described.

7. The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability
The reviewers will consider the extent to which the application describes a plan for project sustainability after the period of federal funding ends.

Reviewers will consider the extent to which:

1. Plans for exploring future sources of potential funding for support of training nurse practitioners, physician assistants, health service psychologists, and/or social workers trained to provide mental and substance use disorders services in underserved community-based settings that integrate primary care and mental and substance use disorders services;

2. Proposed timetable for becoming self-sufficient, as appropriate;

3. Challenges that are likely to be encountered in sustaining the program and proposed approaches that will be used to resolve these challenges; and

4. How the plan addressed sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, lessons learned through innovative activities, evaluation beyond the duration of the project and how the enhancements will be incorporated into the training/curriculum.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information, Resources, and Capabilities
The reviewers will assess the extent to which the applicant documents the following organizational strengths:

1. The assets and past experience and capabilities of the applicant organization in training nurse practitioners, physician assistants, health

service psychologists, and/or social workers for the purposes described in this NOFO and capacity to meet program requirements.

2. The mission of the applicant organization and the organization's commitment to providing integrated services in underserved community- based settings.

3. Qualifications and capacity of the program faculty/instructor to provide the didactic and clinical training experiences for nurse practitioners, physician assistants, health service psychologists, and/or social workers linking training to best practices, and examples of other training programs that can improve health outcomes and strengthen the workforce.

4. Project personnel are qualified by training and/or experience to implement and carry out the training described in this project. This will be evaluated both through the project narrative and the attachments. Documentation of a qualified staffing plan as **Attachment 2** and project organizational chart as **Attachment 4.**

5. Evidence of institutional support such as from letters of agreement and support, in kind contribution of faculty/instructor, staff and resources, and other partners providing support, provided in **Attachments 3 and 8**.

6. Documentation of institutional current resources to provide training and services through telemedicine and telehealth that justifies the request for equipment and technical support requested in this application.

7. Past experience of the organization in training in underserved areas who are prepared to meet the challenges of serving in low resource settings.

8. Demonstration of program capacity to provide the type and volume of learning experiences, academic partnerships, and community resources needed for participants to meet the competencies and clinical training experiences required for the program.

Criterion 5: SUPPORT REQUESTED (10 points) – [Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms](#)
The reviewers will evaluate the extent to which the following factors are met:

1. The reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results.

2. Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work and well justified.

3. Key personnel have adequate time devoted to the project to achieve project objectives.

4. Nurse practitioners, physician assistants, health service psychologists, and/or social workers' training costs are reasonable and supportive of the project objective.

5. The application budget and budget justification follows the program-specific budget guidelines under Section IV and the SF-424 R&R Application Guide, costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost. Applicant instructed to provide one SF 424 R&R budget form for the entire period of performance with a yearly breakdown on the budget justification only.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Funding Priorities (5 points)

This program includes funding priorities, as authorized by PHS Act Section 760(d)(1). A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff reviews and awards the funding priority points. The ISTP has one funding priority that can be met by any one of the four criteria below. Information to support meeting the priority should be submitted as **Attachment 11**.

The priority can be met by meeting any one of the following:
1. Demonstrate sufficient size, scope, and capacity to undertake the requisite training of an appropriate number of nurse practitioners, physician assistants, health service psychologists, and/or social workers per year to meet the needs of the area served;
2. Demonstrate experience in training providers to practice team-based care that integrates mental health and SUD/OUD prevention, treatment, and recover services with primary care in community-based settings;
3. Demonstrate experience in using health information technology and, as appropriate, telehealth to support the delivery of mental health and SUD/OUD services and support community health centers in integrating primary care and mental health and SUD treatment; **or**
4. Have the capacity to expand access to mental health and SUD services in areas with demonstrated need, such as tribal, rural, or other underserved communities.

Criterion 1: Capacity to Train Specified Professionals (5 points)
To qualify under this criterion, provide a narrative describing your capacity to train the proposed number of participants of the specified professions (physician assistants, nurse practitioners, **and/or** social workers) to meet the needs of the area served. Include, in tabular form, the proposed number of participants (a year of a half-time

participant counts as 0.5 participants). Provide this information in the following format:

Discipline	Year 1 number of participants	Year 2 number of participants	Year 3 number of participants	Year 4 number of participants	Year 5 number of participants	Total over 5-year project
Physician Assistant						
Nurse Practitioner						
Social Worker						

OR

Criterion 2: Team-Based Care (5 points)

You will be granted a funding priority if you demonstrate experience in training providers to practice team-based care that integrates mental health and SUD prevention, treatment, and recovery services with primary care in community-based settings.

Qualification:
In order to qualify for this priority, applicants must demonstrate in the past two calendar years (CY 2018-2019 and CY 2019-2020) by a narrative description experience in training providers to practice team-based care that integrates mental health and SUD/OUD prevention and treatment services with primary care in community-based settings.

OR

Criterion 3: Health Information Technology (5 points)

You will be granted a funding priority if you demonstrate that your organization has experience in using health information technology and, as appropriate, telehealth to support the following
1. the delivery of mental health and substance use disorders services; and
2. Community health centers in integrating primary care and mental and SUD/OUD treatment; or use health information technology and telehealth to support the delivery of mental health and SUD services.

Qualification:
In order to qualify for this priority, applicants must demonstrate in the past two calendar years (CY 2018-2019 and CY 2019-2020) by a narrative description of their organization's experience in using health information technology and/or telehealth.

OR

Criterion 4: Rural, Tribal or Underserved Communities (5 points)

You will be granted a funding priority if you have the capacity to expand access to mental health and SUD services in areas with demonstrated need, such as tribal, rural, or other underserved communities.

Qualification:
In order to qualify for this priority, applicants will need to demonstrate their ability to expand access to mental health and SUD disorders services in one of the three areas, rural, tribal, or other underserved as defined in this NOFO by the following three criteria below:

1. The training site(s) is/are located in Mental Health HPSAs with a score of 16 or above as found in the HPSA Find tool (https://data.hrsa.gov/tools/shortage-area/hpsa-find) OR

2. Clinical training site is located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health OR

3. The training site(s) is located in a tribal facility serving American Indians or Alaskan Natives.

Information for this priority can be provided in Table 2 in **Attachment 11:**

Table 2

Site Name	Clinical Training Site Address (EXAMPLE: XX Main Street, Town, State, Zip code)	Mental Health HPSA /Mental Health Facility Score using the HPSA Find Tool	Is site located in a tribal facility listed in https://www.ihs.gov/findhealthcare/? (yes or no)	Is site located in rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health (Yes or No)

Other Funding Consideration: Geographic distribution

No more than one award will be made in any one State.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

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 via the Electronic Handbooks (EHBs). HRSA will verify 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.

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

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

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

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.

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

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

VII. Agency Contacts

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

Nandini Assar, PhD
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4920
Email: Nassar@hrsa.gov

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

Steve Coulter, MD
Project Officer
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-144A
Rockville, MD 20857
Telephone: (301) 945-3336
Email: scoulter@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

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

Additional Resources

Telehealth: Regional Telehealth Resource Centers, provides technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.

Telehealth Resource Centers (TRCs) FORHP supports TRCs, which provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care in remote areas.

Profiles of OAT Grantees 2018. (PDF - 3.6 MB) These profiles provide an overview of the 57 telehealth and telemedicine projects administered during this period.

The Role of Telehealth in an Evolving Health Care Environment ⧉ is a FORHP-commissioned report from the Institutes of Medicine on how telehealth technology can fit into the U.S. health care system.

<u>Tips for Writing a Strong Application</u>

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

Frequently Asked Questions (FAQs) can be found on the program website <mark>add link,</mark> 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. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.