

**U.S. Department of Health and Human Services**

**HRSA**

Health Resources & Services Administration

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2023

Bureau of Health Workforce

Division of Medicine and Dentistry

**Primary Care Training and Enhancement - Residency Training in Mental and Behavioral Health (PCTE-RTMB)**

**Funding Opportunity Number: HRSA-23-099**

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

**Assistance Listings Number: 93.884**

**Application Due Date: November 15, 2022**

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

**HRSA will not approve deadline extensions for lack of registration.**

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

**Issuance Date: October 5, 2022**

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

Authority: 42 U.S.C. § 293k(a) (Section 747(a) of the Public Health Service (PHS) Act); Bipartisan Safer Communities Act, P.L.117-159

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Primary Care Training and Enhancement - Residency Training in Mental and Behavioral Health (PCTE-RTMB) program. The purpose of this program is to train primary care residents in the prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions for the pediatric, adolescent, young adult, and other populations who are at-risk or have experienced abuse, trauma, or mental health and/or substance use disorders, including those related to the effects of gun violence.

The PCTE-RTMB is a component of the Primary Care Training and Enhancement (PCTE) Program, which functions to strengthen the primary care physician and physician assistant workforce by supporting enhanced training for future and current primary care teachers, educators, and clinicians, and to promote primary care practice.

|   |  |
|---|--|
| Funding Opportunity Title:  | Primary Care Training and Enhancement - Residency Training in Mental and Behavioral Health (PCTE-RTMB) |
| Funding Opportunity Number:   | HRSA-23-099  |
| Due Date for Applications:  | November 15, 2022  |
| Anticipated Annual Available Funding and Total funding over five years: | \$11,500,000 annual available (5-year project period)  |
| Estimated Number and Type of Award(s):                                  | Approximately 23 grant(s)  |
| Estimated Annual Award Amount:  | Up to \$500,000 per award  |
| Cost Sharing/Match Required:  | No   |
| Period of Performance:  | December 31, 2022 through September 29, 2027 (5 years)   |

|                             |   |
|-----------------------------|---|
| <p>Eligible Applicants:</p> | <p>Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (“med-peds”), which for the purposes of this NOFO are programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).</p> <p>Tribes and tribal organizations are also eligible to apply if otherwise eligible.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |
|-----------------------------|---|

**Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA’s SF-424 R&R Application Guide](#). Visit [HRSA’s How to Prepare Your Application page](#) for more information.

**Technical Assistance**

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

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice announces the opportunity to apply for funding under the Primary Care Training and Enhancement - Residency Training in Mental and Behavioral Health (PCTE-RTMB) program.

The purpose of the PCTE-RTMB program is to train primary care residents in the prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions for pediatric, adolescent, young adult, and other populations who are at-risk or have experienced abuse, trauma, or mental health and/or substance use disorders, including those related to the effects of gun violence. Primary care residencies eligible to apply include family medicine, general internal medicine, general pediatrics and combined internal medicine and pediatrics (med-peds) residencies. Funding must be used to support both didactic training and at least a one-month clinical rotation primarily focused on mental and behavioral health conditions. It is encouraged that other rotations beyond the one-month also focus on mental and behavioral health conditions.

### **Program Objectives:**

The overall goal of the program is to enhance the knowledge and skills of primary care physicians. This will be accomplished through the following objectives:

1. Increase the number of primary care physicians who are trained in the prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions.
2. Develop or expand partnerships with integrated behavioral health and primary care settings and community-based organizations to provide clinical rotations for at least one month in duration for primary care residents.
3. Develop or enhance mental and behavioral health content in didactic and clinical training for primary care residents including suicide prevention, trauma informed care including abuse and gun violence; materials must be culturally and linguistically competent.

### **General Emergency Preparedness Statement**

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

## 2. Background

The PCTE-RTMB program is authorized by Section 747(a) of the Public Health Service (PHS) Act (42 U.S.C. § 293k(a)) and the Bipartisan Safer Communities Act, P.L.117-159

The effects of trauma in children and need to address mental and behavioral health issues suggest a compelling need to provide mental and behavioral health education and training to primary care physicians. Primary care is often the front line for identifying, diagnosing, and treating mental and behavioral health issues. However, primary care training programs need additional support to ensure the necessary education and training to address mental and behavioral health conditions in order to integrated behavioral health capacity in primary care. One in five children are affected by a mental health disorder yet the majority of affected children don't receive appropriate services.<sup>1</sup> The American Academy of Pediatrics periodic surveys of members finds that mental health training is not emphasized during residency. They further report that the majority of pediatricians do not feel prepared to achieve recommended mental health competencies. Similar challenges exist in other primary care training settings.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately \$11,500,000 to be available annually (over a 5-year project period) to fund up to 23 recipients. You may apply for a ceiling amount of up to \$500,000 annually (reflecting direct and indirect) per year. Your request for each year of the period of performance cannot exceed your year 1 request.

The period of performance is December 31, 2022 through September 29, 2027.

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

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<sup>1</sup> Green C.M. *Achieving the Pediatric Mental Health Competencies*. Pediatrics. Volume 144 (5). Retrieved on July 13 from <https://publications.aap.org/pediatrics/article/144/5/e20192758/38253/Achieving-the-Pediatric-Mental-Health-Competencies?autologincheck=redirected#:~:text=In%201997%2C%20the%20Accreditation%20Council%20for%20Graduate%20Medical,training%20needs%20to%20expand%20beyond%20a%20single%20rotation>.

## Limitations on Indirect Cost Rates

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

## III. Eligibility Information

### 1. Eligible Applicants

Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, or a public or private non-profit entity, including community-based organizations, tribes, and tribal organizations, which the Secretary has determined is capable of carrying out a residency training program in family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (“med-peds”), which for the purposes of this NOFO are programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Accreditation documentation must be submitted as **Attachment 1**.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

### Accreditation

Applicants must provide documentation of accreditation by the American Council on Graduate Medical Education (ACGME) as **Attachment 1**. Documentation must include: (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, (2) the dates of initial accreditation and next accrediting body review, (3) the accreditation start and expiration dates, and (4) a web link to the accreditation status.

The full letter of accreditation is not required. Failure to submit the required accreditation documentation may be considered by HRSA as non-responsive and ineligible for consideration. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of change in status.

### **Maintenance of Effort**

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 295n-2(b). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as **Attachment 6**.

HRSA will enforce statutory MOE requirements through all available mechanisms.

### **Eligible Trainees/Beneficiary Eligibility Requirements**

Trainees receiving support from award funds must be:

- (a) a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended; and
- (b) a physician who has graduated from a school of medicine accredited by the Liaison Committee on Medical Education (LCME) or a school of osteopathic medicine accredited by the Commission on Osteopathic College Accreditation (COCA) or certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

### **NOTE:**

Multiple applications from an organization are allowed if the applications reflect different specialty areas (family medicine, general internal medicine, general pediatrics or combined internal medicine and pediatrics (med-peds)). Each application will be evaluated and scored independently through and Objective Review Committee.

An organization is defined by having a Unique Entity Identifier. If an organization submits multiple applications under the same specialty area, only the last application that is validated by Grants.gov prior to the deadline will move forward.

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

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



## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](https://www.grants.gov). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](https://www.grants.gov).

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-099 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO*

### 2. Content and Form of Application Submission

#### Application Format Requirements

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

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

#### Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of 70 pages when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) “Project Abstract Summary.” If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-099, 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.

HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

**It is important to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete and validated by Grants.gov under HRSA-23-099 before the [deadline](#).**

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

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

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

## Program Requirements and Expectations

1. Provide didactic training and clinical rotations to residents in mental and behavioral health within one-year of receipt of the Notice of Award.
2. Develop new or enhance existing partnerships at rotation sites within the first six months of receipt of the Notice of Award. Provide documentation of working relationships between the applicant organization and health care sites cited in the proposal. Applicants may add or develop additional partnerships during the course of the period of performance.
3. Provide teaching resources including faculty and preceptors with expertise in mental and behavioral health to train residents.
4. Develop rotations for a minimum of one month focusing primarily on mental and behavioral health in the pediatric, adolescent, young adult, and other populations for pediatric and other primary care residents. Applicants are strongly encouraged to incorporate mental health care in other rotations beyond the one month mental and behavioral health rotation, as appropriate.
5. Provide experiential training for pediatric and/or other primary care residents to promote collaboration across sectors, including educational and juvenile justice to address suicide prevention and trauma informed care. The training should be culturally and linguistically appropriate and be inclusive of the social determinants of health, and health equity as related to mental health and behavioral health including substance use care.
6. Provide opportunities for pediatric and other primary care residents to be trained in Medication for Opioid Use Disorder (MOUD).
7. Ensure residents apply for a National Provider Identifier (NPI) number and collect the NPI numbers of residents who participant in the program.
8. Develop a plan to collect post-graduation employment demographics of graduates from the residency program for one year after completion of the residency.

## Program-Specific Instructions

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

### i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 of this NOFO. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

1. A brief overview of the project as a whole.
2. Specific, measurable objectives that the project will accomplish.

3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.
4. Medical residency specialties that are beneficiaries of the project.
5. Whether funding priority and/or preference is being requested, if applicable.

## **NARRATIVE GUIDANCE**

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

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

### **ii. *Project Narrative***

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

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

- **PURPOSE AND NEED** Corresponds to Section V's [Corresponds to Review Criterion 1](#)  
*This section will help reviewers understand the residency program that would receive funding, as well as the needs of the communities that residents would ultimately serve.*
  1. Demonstrate the needs for mental and behavioral health training of the residents as well as the community needs (e.g. state and local; community, county) health status indicators and outcomes associated with the proposal. Provide morbidity and mortality statistics related to mental and behavioral health, including SUD and OUD in the community served by the rotation sites for the target population.
  2. Describe the need to incorporate training to increase the use of culturally and linguistically appropriate services, and the need to address public health inequities and health disparities and the principles of SDOH throughout the residency program.
  3. Describe the rotation site(s) where the residents will train in mental and behavioral health, including the information depicted in **Attachment 4**, Table 1.
  4. Describe your teaching resources in mental and behavioral health and any gaps or resources needed.
- **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\(a\) 2 \(a\)](#)

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

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

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
  2. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
  3. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
  4. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.
  5. If funds will be subawarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- (b) *METHODOLOGY/APPROACH* -- [Corresponds to Section V's Review Criterion 2 \(b\)](#)

Describe your objectives and proposed activities and provide evidence for how they link to the project purpose, needs, and program requirements.

1. Describe your strategy for developing and implementing rotations for pediatric and other primary care residents focusing primarily on training in mental and behavioral health to provide care to the pediatric, adolescent, young adult, and other populations.
2. Describe any key partners, programs, and organizations that will contribute to the project and grant activities.  
  
Describe how mental and behavioral health teaching resources will be used in training residents.
3. Describe training for pediatric and other primary care residents to promote collaboration across sectors to address social determinants of health (SDOH), low health literacy, health equity, and culturally and linguistically appropriate care and services.
4. Describe how your residency program will incorporate training related to prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions for the target population.
5. Provide a trainee table similar to the one below as **Attachment 5** that includes:
  - a. the total number of primary care resident slots in your program, by year in residency program;
  - b. the projected number of residents to be trained in mental and behavioral health through this program;
  - c. the projected number of graduates to be trained in mental and behavioral health through this program each year of the period of performance.

Example: Resident Mental and Behavioral Health Trainee Table

| Year   | Total Number of Primary Care Resident Slots in Program | Total Projected Number of Residents to be Trained in Mental and Behavioral Health by Residency Year 1, 2, and 3 |       |       | Projected Number of Primary Care Residents Trained in Mental and Behavioral Health Expected to Graduate |
|--------|--|---|-------|-------|---|
|        |  | PGY 1   | PGY 2 | PGY 3 |   |
| Year 1 |  |   |       |       |   |
| Year 2 |  |   |       |       |   |
| Year 3 |  |   |       |       |   |
| Year 4 |  |   |       |       |   |
| Year 5 |  |   |       |       |   |
| Total  |  |   |       |       |   |

\*PGY is post graduate year.

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

1. Describe the challenges you may encounter in achieving the program specific requirements including placement of residents in mental and behavioral health rotations within one-year of receipt of the Notice of Award.
  2. Describe the challenges and obstacles in regard to the program implementation and activities outlined in the work plan and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives.
  3. Describe proposed solutions to the challenges that are identified.
- *IMPACT* -- This section includes two sub-sections— (a) *Evaluation and Technical Support Capacity*; and (b) *Project Sustainability*—both of which correspond to Section V's Review Criteria 3 (a) and (b).
  - (a) *EVALUATION AND TECHNICAL SUPPORT CAPACITY* -- [Corresponds to Section V's Review Criterion\) 3 \(a\)](#)

Describe the evaluation measures to assess: 1) the extent to which the program objectives have been met; and 2) the extent to which these can be attributed to the project.

1. Describe how project faculty/staff demonstrate the technical capacity to conduct the evaluation of the project including evaluation of outcomes matched to prevailing quality measures.
2. Describe the data collection strategy and tools to accurately collect, manage, analyze, store, and track/report data, including HRSA-required 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 training in a way that allows for accurate and timely reporting of performance outcomes.

6. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program. Describe your process to track trainees after program completion/graduation for up to one year, to include collection of trainees' NPIs. (Note: Trainees who receive HRSA funds as a result of this award are required to apply for an NPI for the purpose of collecting post-graduation employment demographics).

▪ *(b) PROJECT SUSTAINABILITY* -- [Corresponds to Section V's Review Criterion 3 \(b\)](#)

Propose a plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant project and include the following:

1. Provide a specific sustainability plan for exploring future sources of potential funding for support for the PCTE-RTMB program.
2. Propose a timetable for becoming self-sufficient.
3. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.

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

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

1. Demonstrate that project personnel are qualified by training and/or experience to implement and carry out the project including how the project will recruit and staff to ensure mental health training is delivered; this will be evaluated both through the project narrative, as well as through the key personnel biographical sketches and attachments.
2. Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
3. Describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Provide an organizational chart ([requested in Section VI, Attachment 3](#)).
4. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
5. Provide evidence of institutional support such as letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachment 2** (Staffing Plan and Job Description for Key Personnel) and **Attachment 3** (Project Organizational Chart).



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

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

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

### iii. **Budget**

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

#### Subawards/subcontracts

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

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments."

These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 HRSA's SF-424 R&R Application Guide for additional information. 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 2022, the Executive Level II salary is \$203,700. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

**iv. Budget Justification Narrative**

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

The budget justification narrative must describe all line-item federal funds (including subawards), and matching non-federal funds proposed for this project. Please note: all budget justification narratives count against the page limit. In addition, the PCTE-RTMB program requires the following:

*Participant/Trainee (Resident) Support Costs:* For applicants with resident support costs that are not covered by Graduate Medical Education (GME) while in clinical rotations, if applicable, list health insurance, stipends (including subsistence and housing costs while at rotation site), travel to rotation sites, and the number of residents. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

NOTE: Fringe benefits are not allowed for residents receiving stipend support while in rotations. Health insurance is allowable but grant funds cannot be used to pay for other fringe benefits, such as FICA, workers compensation, and unemployment insurance. Stipends are only allowable for the residency specialty indicated in the application. Refer to the HHS Grants Policy Statement at <https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>.

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

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

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

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

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

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. **Attachments**

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

*Attachment 1: Documentation of ACGME Accreditation (Required)*

You must provide the full letter of accreditation. Please do not provide the web link to the accreditation status.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) (Required)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Project Organizational Chart (Required)*

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

**Attachment 4: Documentation of Mental and Behavioral Health Rotation Sites (Required)**

Provide a table description of the experiential training site(s), including the name of the training and practice site and number of residents who will train there each year of the grant. A sample is provided below.

**Table 1: Mental and Behavioral Resident Clinical Rotation Sites**

| <i>Name of Mental and Behavioral Rotation Site</i> | <i>Health Care Training Site Address (EXAMPLE Main Street, Town, State, Extended Zip code)</i> | <i>Number of residents who will be involved in grant activities per year.</i> | <i>Grant Year 1,2,3,4,5</i> | <i>Rotation Site offers MOUD services (Yes/No)</i> |  |
|--|--|---|-----------------------------|--|--|
|  |  |   |                             |  |  |
|  |  |   |                             |  |  |

**Attachment 5: Residents Mental and Behavioral Trainee Table (Required)**

Provide a table with the projected number of residents and graduates for each trainee for each year of the period of performance. A sample is as follows:

**Example: Residents Mental and Behavioral Health Trainee Table**

| Year   | Total Number of Primary Care Resident Slots in Program | Total Projected Number of Residents Trained in Mental and Behavioral Health by Residency Year 1, 2, and 3 |       |      | Projected Number of Primary Care Residents Trained in Mental and Behavioral Health Expected to Graduate |
|--------|--|---|-------|------|---|
|        |  | PGY 1   | PGY 2 | PGY3 |   |
| Year 1 |  |   |       |      |   |
| Year 2 |  |   |       |      |   |
| Year 3 |  |   |       |      |   |
| Year 4 |  |   |       |      |   |
| Year 5 |  |   |       |      |   |
| Total  |  |   |       |      |   |

**Attachment 6: Maintenance of Effort Documentation. (Required)**

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

| NON-FEDERAL EXPENDITURES   |   |
|--|---|
| FY2022 (Actual)  | FY2023 (Estimated)  |
| Actual FY 2022 non-federal funds, including in-kind, expended for activities proposed in this application. | Estimated FY 2023 non-federal funds, including in-kind, designated for activities proposed in this application. |
| Amount: \$ _____   | Amount: \$ _____  |

*Attachment 7: Request for Funding Preference (As Applicable)*

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

*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, staff, space, equipment, etc.).

*Attachment 9: Funding Priority (As Applicable)*

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

*Attachments 10–15: Other Relevant Documents (As Applicable)*

Include here any other documents that are relevant to the application.

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

Effective April 4, 2022:

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

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

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

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

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

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

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

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The application due date under this NOFO is **November 15, 2022 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 R&R Application Guide](#) for additional information.

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

PCTE-RTMB program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

#### **6. Funding Restrictions**

You may request funding for a period of performance of 5 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). Please note: This budget is

level funded for each of the five years of the award. Awards to support projects beyond the first budget year will be contingent upon satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government. Your request for each year of the period of performance cannot exceed your year 1 request.

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 of HRSA's SF-SF-424 R&R Application Guide for additional information.

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

- To provide stipends for medical students, residents, or students in other disciplines other than the primary care residency specialties indicated in this NOFO.
- To pay for fringe benefits for residents receiving stipend support, with the exception of health insurance. Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits as classified by the institution for trainees are not allowable costs under this grant.
- To pay for construction.
- To pay for patient services.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 R&R Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

### **Project Director**

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



## V. Application Review Information

### 1. Review Criteria

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

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

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

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

Briefly describe the purpose of the proposed project. Outline the needs of the training program. Describe and document the targeted residency specialty and its training needs and the extent to which the application includes the following:

1. Describes the state and local (e.g., community, county) health status indicators and outcomes including morbidity and mortality statistics related to mental and behavioral health, SUD and OUD in the community for pediatric, adolescent, young adult, and other vulnerable populations in the geographical areas likely to be served by residents.
3. Describes how culturally and linguistically appropriate services will be incorporated into the training.
4. Describes the need for primary care residency training in mental and behavioral health, as part of the training of pediatricians and other primary care clinicians who plan to provide care for pediatric populations and other vulnerable populations, such as victims of abuse or trauma, and individuals with mental health or substance use disorders, including as related to gun violence.
5. Provides a completed table of Mental and Behavioral Health Clinical Rotation Sites as **Attachment 4** that clearly shows where the residents will train.

*Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 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 reviewers will assess the extent to which the application provides a clear, comprehensive, and specific set of goals and objectives, concrete steps that will be used to achieve those goals and objectives in the SWP, and the extent to which the application includes the following:

1. Describes the activities or steps the applicant will use to achieve each of the objectives proposed during the entire period of performance as identified in the Methodology section.
2. Provides the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
3. Describes how, if funds will be subawarded or expended on contracts, 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 in 45 CFR part 75 regarding subrecipient monitoring and management. Describes how the applicant organization will ensure the funds are properly documented, if funds are subawarded or expended on contracts.

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

The reviewers will consider 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 and includes the following:

1. Lists the overall objectives used in the SWP (specific, measurable, achievable, realistic, and time framed) and proposed activities, and provide evidence for how they link to the project purpose and stated needs. The strength of the proposed goals and objectives and their relationship to the identified project.
2. Describes how the proposed project will recruit, hire faculty and preceptors and revise primary care training curriculum to include mental health and behavioral health including substance use care, including ensuring enough hours for the residents to develop competency as part of didactic and clinical training.
3. Describe how faculty will be prepared to train in mental and behavioral health (e.g., hiring experts, training existing faculty, recruiting MH preceptors)
4. Describes how the proposed project will incorporate clinical rotations in mental and behavioral health for a minimum of one month.
5. Describes how the proposed project will develop or enhance the curriculum to incorporate health equity, health literacy, and SDOH.
6. Provides a trainee table as **Attachment 5** that includes:
  - a. the total number of resident slots in your program;
  - b. the projected number of primary care residents trained in mental health and behavioral health including substance use care per year by this grant program;

- c. the projected number of graduates for each year of the period of performance.

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

The reviewers will consider 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 and include the following:

1. Describes the challenges and obstacles described in regard to the program implementation and activities outlined in the work plan, and demonstrates resources to overcome these challenges for the achievement of the proposed goals and objectives.
2. Describes challenges in locating and providing clinical rotations in mental and behavioral health.
3. Describes challenges the applicant organization may encounter in achieving the program specific requirements including having residents in mental and behavioral health rotations within six months of receipt of the Notice of Award.
4. Describes proposed solutions to resolve the challenges identified.

**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 (15 points) – [Corresponds to Section IV's Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)**

The reviewers will assess the extent to which the proposed project will impact resident training in mental and behavioral health in prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions for the pediatric, adolescent, young adult, and other vulnerable populations, including the effects of mental and behavioral health related to gun violence. 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 the extent to which the application:

1. Includes a detailed plan for collecting annual data on: (1) curriculum changes to reflect mental and behavioral health didactic and clinical training; (2) the incorporation of mental and behavioral health competencies into curricular objectives (3) providing faculty with mental and behavioral health expertise either supported by grant funds or in kind to ensure evidenced based didactic and clinical teaching; (4) faculty training in mental and behavioral health competencies (5) recruitment of additional clinical training sites that train in mental and behavioral health and; (6) development of preceptors for resident clinical training

2. Supports collection of HRSA's performance measurement requirements for this program.
3. Documents that the project faculty/staff have the technical capacity to conduct the evaluation of the project.
4. Describes the data collection strategy and tools to collect and measure data and report to HRSA annually.
5. Describes the plan for 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.

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

The reviewers will assess the extent to which the application describes a solid plan for project sustainability after the period of federal funding ends, the extent to which it clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges, including the following:

1. Provides a specific sustainability plan for exploring future sources of potential funding for support of the PCTE-RTMB residency.
2. Provides a proposed timetable for becoming self-sufficient.
3. Describes the challenges that are likely to be encountered in sustaining the program and proposed approaches that will be used to resolve the challenges.

*Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/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. Demonstrates that project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the key personnel biographical sketches and attachments.
2. Outlines the organization's current mission, and structure, by including an organizational chart in **Attachment 3**, relevant experience, and scope of current activities, and describes how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
3. Discusses how the PCTE-RTMB program will follow the approved plan, as outlined in the application, properly account for the federal funds, and documents all costs so as to avoid audit findings.

4. Provides evidence of institutional support such as letters of agreement and support, in kind contribution of faculty, staff and resources, other partners providing support, as provided in **Attachments 2 (Staffing Plan and Job Description for Key Personnel)** and **3 (Project Organizational Chart)**.
5. Succinctly describes the organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.

*Criterion 5: SUPPORT REQUESTED (10 points) – [Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms](#)*

The reviewers will assess the extent to which the application demonstrates:

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results.
2. The completeness of the SF-424 R&R, and responsiveness to the budget information requested within this NOFO and SF-424 R&R Application Guide.
3. The key personnel have adequate time and effort devoted to the project to achieve project objectives.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., funding priorities, preferences and geographical distribution) described below in selecting applications for award.

### **Funding Priorities (5 points)**

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

**Qualification:**

An applicant can meet the funding priority qualification by documenting in a table as **Attachment 11** that they have trained residents in the residency program for which you are applying in AY year 2021-2022 in rural areas, including for Tribes or Tribal Organizations in such areas. HRSA staff will determine the funding priority and will grant it to any qualified applicant that demonstrates they meet the criteria for the funding priority as follows:

| <i>Name of Health Care Training Site</i> | <i>Full Address of Health Care Training Site</i> | <i>Is the Training Site Designated as Rural by <a href="#">Rural Health Grants Analyzer</a></i><br>(Yes or No) | <i>Is the clinical site a federally recognized Tribe or Tribal Organization</i><br>(Yes/No) |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |

**Funding Preferences**

This program provides a funding preference for some applicants as authorized by Section 791 of the Public Health Service Act. Section 791 restricts the funding preferences to those qualified applications ranked above the 20th percentile of proposals that have been recommended for approval by the peer review group.

Applicants must clearly indicate the basis for which they are requesting the funding preference in the Project Abstract and provide supporting documentation *in **Attachment 7. Applicants only need to meet one of the three qualifications for the funding preference.***

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

**Qualification 1: High MUC Placement Rate**

Qualification 1 has a high rate for placing residents in practice settings that have the principal focus of serving medically underserved communities (MUC).

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

For this NOFO, a MUC is defined as a:

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

Use the following link to document the federal designation(s) used to determine program graduates’ practice in medically underserved communities:

<https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas>.

Include the documentation, request for the funding preference and basis for the request in **Attachment 7**.

|            |  |       |  |
|------------|--|-------|--|
| High Rate= | # of Graduates in AY20-21 Employed in MUCs |       |  |
|            | Plus                                       |       |  |
|            | # of Graduates in AY21-22 Employed in MUCs | X 100 |  |
|            | -----                                      |       |  |
|            | Total # of Graduates in AY 20-21           |       |  |
|            | Plus                                       |       |  |
|            | Total # of Graduates in AY 21-22           |       |  |

**Qualification 2: Significant MUC Placement Rate Increase**

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

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

Include the documentation, request for the funding preference and basis for the request in **Attachment 7**.

|                        |   |  |   |  |       |
|------------------------|---|--|---|--|-------|
| Significant Increase = | # of Graduates In AY 20-21 Employed in MUCs |  | # of Graduates in AY 21-22 Employed in MUCs |  | X100  |
|                        | Total # of Graduates In AY 20-21            |  | Total # of Graduates in AY 21-22            |  | Minus |

**Qualification 3: New Program**

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

New Program means residency program that has graduated/completed less than three classes.



Include the documentation, request for the funding preference and basis for the request in **Attachment 7**.

Applicants who wish to request funding preference under Qualification 3 are to submit as **Attachment 7** documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria. New residency programs as defined above can qualify for the funding preference if they meet **at least four** of the following criteria, and have completed training for less than three consecutive classes:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

Applicants must meet only one qualification to receive the preference. Applicants may submit information pertaining to more than one qualification if so desired.

Failure to provide all required information will result in not meeting the funding preference.

### **Funding Special Considerations and Other Factors**

In making final award decisions, HRSA may take into consideration the geographic distribution of awards across the United States and its territories. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

#### **1. Assessment of Risk**

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued



applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will release the Notice of Award (NOA) on or around the start date of December 31, 2022. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2.1 of HRSA’s [SF-424 R&R Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

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

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

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

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

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

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

## **Executive Order on Worker Organizing and Empowerment**

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could

be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

### **Requirements of Subawards**

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

### **Data Rights**

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

### **3. Reporting**

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

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

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

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in

the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

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

More information will be available in the NOA.

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

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

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

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

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

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

Further information will be provided in the NOA.

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

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted

## VII. Agency Contacts

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

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

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

Svetlana Cicale  
 Project Officer, Medical Training and Geriatrics Branch  
 Attn: Funding Program  
 Bureau of Health Workforce  
 Health Resources and Services Administration  
 Phone: (301) 443-271  
 Email: [sciale@hrsa.gov](mailto:sciale@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

Phone: 1-800-518-4726 (International callers dial 606-545-5035)

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

[Self-Service Knowledge Base](#)

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

HRSA Contact Center

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

TTY: (877) 897-9910

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

## **VIII. Other Information**

### **Technical Assistance**

See [TA details](#) in Executive Summary.

### **Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).