

Notice of Funding Opportunity
Application due February 28, 2025

HRSA

Health Resources & Services Administration

Bureau of Health Workforce








Division of Medicine and Dentistry

Addiction Medicine Fellowship Program

Opportunity number: HRSA-25-069



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on February 28, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

Bureau of Health Workforce

Division of Medicine and Dentistry

Training addiction specialists to deliver integrated care in medically underserved communities.

Summary

The purpose of the Addiction Medicine Fellowship (AMF) program is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship (APF) programs trained as addiction medicine specialists who practice in medically underserved, community-based settings that integrate primary care with mental health disorder and substance use disorder (SUD) prevention and treatment services. The fellowship must include training in prevention and treatment services in medically underserved, community-based settings, including in rural areas, that do not have access or have limited access to SUD treatment. The program includes training for both addiction medicine and/or addiction psychiatry fellows. Its goal is to increase the number of physicians who are board-certified specialists in addiction medicine or addiction psychiatry who will serve in medically underserved community-based settings, including in rural areas, once trained. The program supports training to:

- Increase the number of fellows trained to practice addiction medicine and addiction psychiatry in rural and other medically underserved community-based settings.
- Establish partnerships with clinical rotation sites in rural or other underserved areas, that focus on the integration of primary care with mental health and SUD prevention and treatment services.
- Increase fellows' knowledge and ability to assist their patients with referrals to navigate the legal and social systems related to patients' clinical or care needs.
- Increase awareness of the specialty and reduce provider stigma to increase the number of physicians interested in pursuing careers in addiction medicine and addiction psychiatry through the provision of clinical rotations that expose medical residents to practice in these specialties and through education and consultation.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity

name: Addiction Medicine Fellowship Program

Opportunity

number: HRSA-25-069

Announcement version:

New

Federal assistance

listing: 93.732

Statutory authority:

42 U.S.C. § 294k(a)(1) (Section 760(a)(1) of the Public Health Service Act)

Key dates

NOFO issue date:

December 20, 2024

Informational webinar:

Visit BHW's [open opportunities](#) for details.

Application deadline:

February 28, 2025

Expected award date is

by: July 1, 2025

Expected start date:

July 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

Funding details

Application Types: New

Expected total available funding in FY 2025: \$23,100,000

Expected number and type of awards: 28 grants

Funding range per award: \$400,000 to \$800,000 per year

We plan to fund awards in five 12-month budget periods for a total 5-year period of performance of July 1, 2025 to June 30, 2030. Your request for each of the years of your project cannot exceed your year 1 request.

The program and estimated awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

Who can apply

You can apply if your organization is a U.S.-based sponsoring institution (or parent institution of the sponsoring institution) of an accredited addiction medicine or accredited addiction psychiatry fellowship program, or a consortium (consisting of at least one domestic teaching health center and the sponsoring institution) of a domestic addiction medicine or addiction psychiatry fellowship program.

The sponsoring institution must be accredited by the Accreditation Council of Graduate Medical Education (ACGME). You must provide documentation of your ACGME accreditation in addiction medicine as [Attachment 1](#).

Types of eligible organizations

If otherwise eligible, these types of domestic* organizations may apply.

- Public institutions of higher education
- Private institutions of higher education
- Nonprofits with or without a 501(c)(3) IRS status
- For-profit organizations
- Native American tribal governments
- Native American tribal organizations

Individuals are not eligible applicants under this NOFO.

“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the

Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Other eligibility criteria

Trainee eligibility

To receive support under this program, a trainee in an accredited AMF or APF must be one of the following:

- A U.S. citizen or non-citizen national.
- An individual lawfully admitted for permanent residence to the United States.
- 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.
- Fellows must be enrolled full-time (12 months) or part-time (24 months) at the sponsoring institution receiving the grant.

Project director eligibility

HRSA recognizes only one project director. The program does not allow co-project directors. The project director must be a board-certified addiction medicine or addiction psychiatry physician who is employed by your organization on the date you apply.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Is not complete.

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

If an entity applies as part of a consortium, the entity is not eligible to submit a separate, stand-alone application.

Cost sharing

This program does not have a cost-sharing requirement unless your institution plans to exceed the cap on stipend payments. If you choose to share in the costs of the project, we will not consider it during [merit review](#). We will hold you accountable for any funds you add, including through [reporting](#).

Match is only required, where applicable, to cover any fellow's stipend costs beyond \$110,000 per geographic reimbursement requirements set by the applicable educational institution or association. If you receive an award, you may choose to provide higher stipend amounts by including funds from other non-federal sources who must be identified in the application, and remind fellows that their stipends are considered tax-eligible income. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Program description

Purpose

The purpose of the AMF program is to expand the number of fellows at accredited addiction medicine and addiction psychiatry fellowship programs trained as addiction medicine specialists. These fellows will practice in medically underserved, community-based settings that integrate primary care with mental health disorder and substance use disorder (SUD) prevention and treatment services. The fellowship must include training in prevention and treatment services in medically underserved community-based settings, including in rural areas, that have limited or no access to SUD prevention or treatment. The AMF program trains both addiction medicine and addiction psychiatry fellows.

Background

The United States continues to have high rates of both substance use and SUD, with over 48 million people 12 and older having a substance use disorder in 2023.^[1] It is estimated that over 107,000 people died of a drug overdose in 2023, and while new data shows overdose deaths involving opioids decreasing in the past year, opioid use disorder (OUD) and associated overdose still impacts millions of people across the country. In addition to OUD, millions of people are struggling with alcohol and other substance use disorders.^[2]

Access to treatment remains a challenge, as the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that only 24% of people who needed treatment in 2022 for SUD received it, leaving over 40 million people without needed

care.^[3] Expanding access and reducing barriers to high quality SUD care remain necessary policy goals. Rural areas are of particular concern, with high rates of SUD, community concern surrounding SUD, and significant challenges to access.^{[4] [5] [6]} Stigma related to SUD contributes to access barriers. Community stigma inhibits people from seeking care^[7] and increases the fear of poor treatment in care. Stigma among health care providers reduces the number of health care providers willing to provide health care services to people with SUD and has a negative impact on the quality of care they give.^{[8] [9] [10]}

Clinicians caring for patients with SUD must also understand the implications and challenges related to Social Determinants of Health (SDoH) in diagnosis, treatment, and continuing management of patients.^[11] They must be trained to make appropriate referrals and consultations with a multi-disciplinary team, including social workers and other professionals equipped to help patients address SDoH.^[12] Legal referral may at times be necessary to allow for provision of high-quality care and to help patients stay in recovery. Establishment of relationships with legal-aid professionals and medical-legal partnerships (MLPs) can facilitate referral and thus contribute to care and improved patient outcomes.

Addiction medicine and addiction psychiatry specialists are board certified physicians who provide prevention, evaluation, diagnosis, and treatment services for patients with unhealthy substance use or substance-related health conditions. They provide direct clinical care and increase overall community capacity to care for patients with SUD.^{[13] [14]} Addiction medicine fellowships prepare physicians for board certification by the American Board of Medical Specialties through advanced training pathways for both psychiatrists through Addiction Psychiatry Fellowships (APF) and for other board-certified physicians through AMFs.^[15] There are approximately 100 ACGME-accredited AMF and APF programs nationwide offering programs that are typically 12 months in duration.^[16] The AMF program aims to increase the number of board-certified addiction medicine and addiction psychiatry sub-specialists serving in medically underserved community-based settings, including in rural areas, over the 5-year period of performance by providing stipends for new AMF and APF slots and additional program support to sponsoring institutions.

Clinicians caring for patients with SUD must understand the implications and challenges related to the Social Determinants of Health (SDoH) in diagnosis, treatment, and continuing management of patients.^[17] They must be trained to make appropriate referrals and consultations with a multi-disciplinary team, including social workers and other professionals equipped to help patients address SDoH.^[18] Legal referral may at times be necessary to allow for provision of high-quality care and to help patients stay in recovery.

Program goal

The goal of the AMF program is to increase the number of physicians who are board-certified addiction specialists in addiction medicine or addiction psychiatry who serve in medically underserved community-based settings, including rural areas, once trained.

Program objectives

The AMF Program has 3 program objectives that will be addressed in your Standardized Work Plan (SWP):

- Increase the number of addiction medicine and addiction psychiatry sub-specialists trained to practice in medically underserved community-based settings, including rural areas, that integrate primary care with mental health and SUD prevention and treatment services.
- Increase fellows' knowledge and ability to assist their patients with referrals to navigate the legal and social systems related to patients' clinical needs or care.
- Increase awareness of addiction medicine as a sub-specialty and reduce provider stigma to increase the number of physicians interested in pursuing careers in addiction medicine and addiction psychiatry through the provision of clinical rotations that expose medical residents to practice in these specialties and through education and consultation.

Program requirements and expectations

In your application, address how you will:

- Establish partnerships and provide support (in-kind or financial) to community-based organizations that provide clinical rotations in medically underserved settings, including in rural areas, within 6 months of your period of performance start date.

All program participants must complete at least one rural clinical rotation. [View the Federal Office of Rural Health Policy definition of "rural."](#)

- Provide at least one of the three training tracks described in section 760(b)(1)(A)(ii) of the [Public Health Services Act](#):
 - A virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the

use of health information technology and, as appropriate, telehealth services.

- An in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting.
- An in-person training track that includes a rotation during which the fellow or resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women.
- Provide fellows with interprofessional team training, including training on working with legal-aid or medical-legal partnership programs to address social and legal issues affecting a patient’s clinical condition and care.
- Provide clinical rotations that place fellows and medical residents together, giving fellows an opportunity to teach medical residents under faculty guidance. Medical residents will learn about addiction care and the specialties of addiction medicine and addiction psychiatry with a goal to recruit them into these specialties.
- Provide stigma-focused training for fellows, residents, and the community(ies) served using an interprofessional model of chronic disease.
- Provide fellows with a robust education in the SDoH as they relate to the causes, epidemiology, distribution, and treatment of SUDs, and provide training in the use of interprofessional teams to address SDoH that impact the ability to provide treatment and assist patients with maintaining their recovery.
- Respond to the need to continually adapt to a rapidly evolving field as new drugs emerge, and new treatments are developed. Describe how you will provide training that is reflective of recent advances and developments.
- Describe the experiential training that your fellows will receive in the induction and management of medications to treat SUD—including buprenorphine, methadone, and naltrexone—and the settings in which they will practice these skills.
- Participate in federally designed evaluations to assess program effectiveness and efficiency upon request.
- Provide information to eligible fellows about [HRSA’s National Health Service Corps Loan Repayment Programs](#).

Award information

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.

If we receive more funding for this program, we may:

- Fund more applicants from the rank order list.
- Extend the period of performance.
- Award supplemental funding.

Maintenance of effort

Federal funds must add to any existing non-federal funds for your proposed activities. If you receive an award, you must spend at least as much on proposed activities as you spent in the last fiscal year before the award—42 U.S.C. § 295n-2(b) (Public Health Service Act section 797(b)) requires this. We will enforce this statutory requirement through all available mechanisms. You must provide supporting documentation in [Attachment 5](#).

General Limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in section 3.1.4 of the [R&R Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations

- You cannot use grant funds to buy real property, or for construction.
- You cannot use grant funds to pay for equipment costs not related directly to the purposes of this award.
- You must have 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. The efficacy of these policies, procedures and financial controls is subject to audit.
- Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.
See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

Per [45 CFR 75.414](#), indirect costs for training awards cannot exceed 8 percent of modified total direct costs.

For modified total direct costs, we use the definition at [2 CFR 200.1](#). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs and with the approval of the cognizant agency for indirect costs.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Need Help? See [Contacts and Support](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-069.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

Join the webinar

We will hold a pre-application technical assistance (TA) webinar. 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.



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

Applications include 5 main components. This section includes guidance on each.

Application page limit: 60 pages.

Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission Form	Included in the page limit?
Project abstract	Use the Project Abstract Summary form.	No
Project narrative	Research and Related Other Project Information	Yes
Budget narrative	Use the Research and Related Budget form. (Line L)	Yes
Attachments	Insert each in the Other Attachments form.	Yes, unless otherwise marked below.
Other required forms	Upload using each required form.	Indicated in the other required forms section.

See the [application checklist](#) for a full list of all application requirements. See [form instructions](#) for more detail on completing each form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in section 3.2 of the [R&R Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When applicable,

identify if you are requesting a funding priority or preference. For more information, see section 3.1.2 of the [R&R Application Guide](#).

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the following section headers in the order shown.

Introduction and purpose

See merit review criterion 1: [Purpose and need](#)

- Briefly describe the purpose of your project.

Need

See merit review criterion 1: [Purpose and need](#)

- Briefly describe the community and population served by your institution and the need for SUD prevention and treatment services.
- Provide information on substance use and SUD; existing services; and gaps in access, supply, quality, and distribution of services in your community and other communities served by the clinical rotation sites.
- Use and cite demographic data as part of the descriptions and explanations above, whenever possible.

Approach

See merit review criterion 2: [Response](#)

- Tell us how you will address your stated needs and meet the program requirements and expectations described in this NOFO.
- Describe how you will deliver experiential clinical training that develops competencies in integrated, interprofessional team-based care, focused on at risk populations for OUD and other SUD prevention, treatment, and recovery services, including medication.
- Describe how you will work with medically underserved community-based sites, including in rural areas, to assure adequate supervision and logistical support for fellowship rotations.
- Describe your approach to addressing and reducing stigma among fellows, residents, and community(ies) served.

- Describe how you will educate fellows regarding SDoH and the role of interprofessional and medical-legal teams in addressing SDoH that affect treatment and recovery.
- Explain your strategies to improve fellows' cultural competence to meet the needs of medically underserved communities, including in rural areas. Include those that increase the use of culturally and linguistically appropriate services by providing training based on the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care Standards](#).

High-level work plan

See merit review criterion 2: [Response](#)

- Describe how you will achieve the [goal](#) of the AMF program and each of the three [objectives](#), and how you will meet the [program requirements and expectations](#) identified in this NOFO during the period of performance.
- Include a more detailed work plan in your Standardized Work Plan (SWP). See [other required forms](#). One sub-objective of each year's main objective must be a numerical target for the number of fellows above the pre-grant baseline you intend to train in that budget year and must align with the number of fellows to be trained in [Attachment 8](#).
- Describe how the Program Director (PD) will devote at least 20 percent of their time to the project.
- Provide a timeline—by budget year and by quarter—in the SWP that includes each program objective and identifies who is responsible for each by their title, rather than name. As needed, identify how key personnel and stakeholders will help plan, design, and carry out all activities to accomplish each program objective.
- Provide in [Attachment 9](#): the clinical rotation sites in which the fellows will train; length of rotation; identify if site is rural or medically underserved; and the type of training track per program requirements.
- Describe how you will collaborate with clinical sites to identify and secure clinical rotation site training.
- Describe your plan to educate fellows, residents, and the community(ies) served to address stigma.

Resolution of Challenges

See merit review criterion 2: [Response](#)

Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you will use to resolve them. You

may include other challenges not noted here, but you should speak specifically to the following challenges:

- Recruitment of fellows and faculty to your program.
- Identifying clinical rotation sites in medically underserved community-based settings, including in rural areas.
- Supervision and support of fellows at clinical rotation sites.
- Challenges in training fellows, residents, and community(ies) served on stigma.

Performance reporting and evaluation

See merit review criteria 3: [Impact](#) and 4: [Resources and capabilities](#)

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities. Include:
 - How many fellows (both HRSA funded and in total) you intend to train per year and over the period of performance.
 - How many residents will participate in rotations supervised by AMF fellows.
 - How you will expand SUD services and expand access to those services.
 - How you will impact SUD morbidity and other effects of untreated mental health and SUD in your community.
- **Performance Measurement and Reporting.** See [Report on Your Grant](#) for performance measure requirements and examples of reporting forms.
 - Describe how you will accurately and timely collect and report required performance data.
 - Describe how you will manage and securely store data.
 - Include how you will report National Provider Identifier (NPI) numbers for participants. Project trainees in eligible disciplines must apply for, and report on, an NPI.
 - Describe your process to track fellows for up to 1 year after program completion, including collecting fellows' NPI numbers.
 - Provide a continuous quality improvement plan to collect, analyze, and manage data and monitor project results to ensure accurate and timely performance.
- **Program Evaluation.** The evaluation should examine processes and progress towards the AMF program goal, objectives, and expected outcomes. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#). Describe your plan to evaluate the project. Include:

- The evaluation questions, methods, data to be collected, and timeline for implementation.
 - The evaluation barriers and your plan to address them.
 - The evaluation capacity of your organization and staff. Include experience, skills, and knowledge.
 - How you will disseminate results, how you will assess whether your dissemination plan is effective, whether the results are national in scope, and the extent of potential replication.
- See [Reporting](#) for more information.

Sustainability

See merit review criterion 3: [Impact](#)

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

Describe the actions you'll take to:

- Highlight key elements of your projects. Examples include training methods or strategies that have been effective in improving practices.
- Obtain future sources of funding.
- Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

See merit review criterion 4: [Resources and capabilities](#)

Briefly describe your mission, structure, and the scope of your current activities.

Explain how they support your ability to carry out the program requirements. Include a project organization chart in [Attachment 2](#).

- Discuss how you will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe how you'll assess the unique needs of the fellows and residents you serve.
- Describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include key agreements in [Attachment 3](#) and letters of support in [Attachment 10](#).

- Include a staffing plan and job descriptions for key faculty and staff in [Attachment 4](#).
- Include biographical sketches for key staff using the Research and Related Senior/Key Person Profile form. See [other required forms](#).

Budget and budget narrative

See merit review criterion 5: [Support requested](#)

Your **budget** should follow the instructions in [section 3.1.4 of the R&R Application Guide](#) and any specific instructions listed in this section.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

Reminder: Indirect costs for training awards cannot exceed 8% of modified total direct costs. The total project or program costs are all allowable (direct and indirect) costs incurred for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy any matching or cost sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in the Research and Related Budget Form. See [other required forms](#). Your budget should show a well-organized plan. The merit review committee reviews both.

The budget narrative includes an itemized breakdown and a clear justification of the requested costs. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

To create your budget narrative, see detailed instructions in [section 3.1.5 of the R&R Application Guide](#). Follow these additional instructions specific to this NOFO follow.

Administration and program management

The project director should dedicate at least 20% of their time to grant activities and can be funded either through in-kind contributions or grant funds. Co-project directors are not an allowable cost.

Over the 5-year period of performance, up to 50% of total funding can be used for program operations and management or other recipient activities. This may include project staff salaries and fringe benefits, faculty development, conferences, travel

related expenses, indirect costs, and other applicable program support costs. The remaining 50% of funds (or greater) must be spent on stipends for fellows.

Accreditation costs of any kind—such as renewals, annual, and other fees—are not allowable under this program.

Grant funds cannot be used to pay for legal services for patients, or for costs incurred by the legal entity that is part of the MLP.

Fellow stipends

You may use up to \$110,000 of AMF funds annually for stipends for each fellow. You may choose to provide higher stipend amounts by including funds from other non-federal sources to cover any greater geographic reimbursement requirements set by the applicable educational program or institution. You will need to identify what non-federal source will be providing supplemental funds in the budget justification. Include a disbursement plan for the stipends which includes a point of contact and schedule of disbursement (such as monthly or quarterly).

- Total funding requested per year can be no more than the following:
 - \$400,000 per year to train up to 2 full time equivalent (FTE) fellows.
 - \$600,000 per year to train 3 or 4 FTE fellows.
 - \$800,000 per year to train 5 or more FTE fellows.
- No less than 50% of the total funding over the 5-year period of performance must be dedicated to stipends for fellows. Up to 50% of total funding can be used for the program operations and management or other recipient activities.
- Funding for fellow stipends cannot be used for fellowship positions already funded from non-HRSA funded sources.
- No more than \$110,000 of grant funding per year, per fellow, can be awarded for a full-time stipend. No more than 12 months of stipend support is allowed per full-time fellow.
- Part-time fellows may receive a stipend prorated at \$55,000 per year for no more than 24 months, for a total of \$110,000 per part-time fellow.
- Stipends are subsistence allowances for fellows to help defray living expenses during the training experience and are not provided as a condition of employment.
- Grant recipients may not offset the amount of stipends for tuition, health insurance, or other costs associated with the training program. These items may be included in [Participant support costs](#).
- Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for fellows are unallowable costs.

- Health insurance for fellows is an allowable participant support cost as an administration/program support cost.

Participant support costs

If you include participant support costs for fellows:

- List tuition, fees, health insurance, stipends, travel, and other costs.
- Identify the number of fellows.
- Separate these costs from others so we can identify them easily.
- Include a subtotal entitled “Total Participant Support Costs” with the summary of these costs.

Preceptor/Faculty costs

Preceptors can be either your employee or contractor. Preceptor costs are unique and different than participant costs, which are for your students. Allowable preceptor costs may include:

- Continuing percent of salary (for employees) education, other trainings, and related fees
- Stipends (other than to employees)
- Travel
- If the preceptor is an employee, specify those costs under section B. Other Personnel, Section D Travel and Section F Other Direct Costs.
- If the preceptor is a contractor, lists those costs under Section F: Other Direct Costs.
- Include the number of preceptors in your budget narrative.

Note: You cannot require students to pay for preceptor costs.

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.

Attachments

Place your PDF attachments in order in the Attachments form.

Attachment 1: Accreditation documentation

Required- Counts toward page limit.

You must provide documentation of your ACGME accreditation as an Addiction Medicine or Addiction Psychiatry Fellowship. You must provide:

- A statement that you hold an initial or continuing accreditation from the ACGME and are not on probation.
- A copy of the document of accreditation.
- The accreditation start and expiration dates.

Please do not provide only the web link to the accreditation body's website. HRSA will not open any links included in the application.

Attachment 2: Project organizational chart

Required- Counts toward page limit.

Provide a one-page diagram that shows the full project's organizational structure. Include all aspects, not just for your organization.

Attachment 3: Letters of agreement, memoranda of understanding, and contracts

As applicable- Counts toward page limit.

Provide any documents that describe working relationships between your organization and other organizations and programs you cite in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and partners and any deliverables. Make sure any letters of agreement are signed and dated.

Attachment 4: Staffing plan and job descriptions

Required- Counts toward page limit.

See Section 3.1.7 of the [R&R Application Guide](#). Include a staffing plan that shows staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications, and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description including the role, responsibilities, and qualifications.

Attachment 5: Maintenance of effort documentation

Required- Counts toward page limit.

Specify the non-federal funds that support proposed activities. These include cash, in-kind, or other contributions. Do not include any federal funds. See [Maintenance of Effort](#) requirement.

Use the following sample format to provide the Maintenance of Effort documentation.

FY before application:	First FY of award:
Actual non-federal expenditures	Estimated non-federal expenditures
\$	\$

Attachment 6: Funding priority documentation

As applicable- Counts toward page limit.

Provide documents that prove you qualify for the [funding priority](#) as authorized by section 760(d)(1) of the Public Health Service Act.

See [Selection Process](#) for information about how these apply.

Attachment 7: Funding preference documentation

As applicable- Counts toward page limit.

[funding preference](#) See [Selection Process](#) for information about how these apply.

Attachment 8: Fellow training table

Required- Counts toward page limit.

Provide the number of fellows who will be enrolled in your program using the following table. Include:

- The total number of ACGME approved positions.
- The total number of fellows enrolled in academic year (AY) 2024
- The total number of fellows in your AMF or APF grant program by year.
- The total number of HRSA-funded fellows by year.
- The total number expected to complete their fellowship by year.
- The total number of HRSA-funded fellows intended to complete fellowship by year.

Table: Fellow Training Table

Total number of ACGME approved positions			
Number of fellows enrolled in AY 2024			
Grant year	Total number of fellows in your program	Total number of HRSA- funded fellows (intended)	Total number of fellows expected to complete fellowship
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Total			

Attachment 9: Clinical rotation sites table

Required- Counts toward page limit.

You must provide documentation of the clinical rotation sites offered using the following table. Include:

- The name of the clinical rotation site.
- The full address of the clinical rotation site, including physical street address, town, state, and extended ZIP Code.
- Whether the clinical rotation site is located in a rural area as defined by the Federal Office of Rural Health Policy using the [Rural Health Grants Eligibility Analyzer](#).
- Whether the clinical rotation site serves a designated shortage area if it is located in a Health Professional Shortage Area, Medically Underserved Area, or serves a Medically Underserved Population as defined in the [designated shortage area tool](#).
- The length of the clinical rotation in months.

- The academic years (AY) of the clinical rotations.
- The number of fellows expected to be trained by year.

Table: Clinical rotation site table

Name of clinical rotation site	Full physical address	Type of training (inpatient, outpatient, OTP, etc.)	Located in rural area? (yes or no)	Located in designated shortage area? (yes or no)	Length of clinical rotation (months)	Academic year	Number of fellows to be trained (by year)

Add additional rows as needed.

Attachment 10: Letters of support

As applicable- Counts toward the page limit.

You may provide letters of support from organizations or departments involved in the proposed project.

Letters of support can also be from individuals within your institution who hold the authority to speak for the organization or department such as a CEO or chair.

Recommenders should indicate an understanding of and commitment to the project.

Recommenders should sign and date their letter of support.

Attachments 11 to 15: Other relevant documents

As applicable- Counts toward the page limit.

You may submit other documents as you deem necessary in support of your application. Note that any elective attachments will count in the page limit.

Other required standard forms

You will need to complete some other forms. Upload the forms listed below at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#). See the [application checklist](#) for a full list of all application requirements.

Forms	Submission Requirement
SF-424 R&R (Application for Federal Assistance) form	Yes, with application.
Research and Related Other Project Information	Yes, with application.
Standardized Work Plan (SWP) form	Yes, with application.
Research and Related Senior/Key Person Profile (Expanded) form	Yes, with application.
Research and Related Budget form	Yes, with application.
R&R Subaward Budget Attachment(s) Form	Yes for any subawards proposed, with application.
Project/Performance Site Locations(s) form	Yes, with application.
Disclosure of Lobbying Activities (SF-LLL) form	If applicable, with the application or before the award.
BHW Program Specific form	Yes, with application.

Form instructions

SF-424 R&R form

Does not count toward the page limit.

Follow the instructions for Application for Federal Assistance in section 3.1.1 of the [R&R Application Guide](#).

Research and Related Other Project Information form

Only the project narrative counts toward the page limit.

In addition to the requirements in the [project narrative](#) section, you will provide some additional information in this form.

- Complete sections 1 through 6.
- Upload a blank document in item 7: Project Summary/Abstract to avoid a cross-form error with your Project Abstract Summary Form.
- Upload your project narrative in item 8.
- Leave items 9, 10, and 11 blank.

- If you have more than 10 subawards, you may use item 12 to add subaward budgets that could not fit in your R&R Subaward Budget Attachment(s) form.

Standardized Work Plan form

Does not count toward the page limit.

In addition to the requirements in [project narrative, high-level work plan](#), follow these instructions:

- Submit your work plan through the [SWP form](#). Provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope.
- Follow the instructions in the SWP form.
- Select your organizational priorities that best fit the objective.
- Copy the three AMF Program objectives listed in this NOFO, beginning on page 6.
- Enter the three program objectives listed in the Summary section for each budget period.
- All sub-objectives should fit within one of the three program objectives.
- Write Health Equity in the “Other Priority Linkage” if your sub-objectives align with this priority.
- On the SWP, for the person responsible, please do not use names, but titles of the role for the activity.

Research and Related Senior/Key Person Profile (Expanded) form

The attached biographical sketches do not count toward the page limit.

In addition to the requirements in [Project Narrative, Organizational Information](#), follow these instructions.

- Include biographical sketches for people who will hold the key positions.
- Use no more than two pages per person.
- Do not include non-public, personally identifiable information.
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in this form.
- Include:
 - Name and title.
 - Education and training. For each entry include institution and location, degree and date earned, if any, and field of study.

- Section A, Personal Statement. Briefly describe why the individual's experience and qualifications make them well-suited for their role.
- Section B, Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
- Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and the person's responsibilities.
- Other information. If they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

Please note, the [R&R Application Guide](#) states that biographical sketches count toward the page limit. However, per this Notice of Funding Opportunity, your **biographical sketches will not count toward the page limit.**

Research and Related Budget form

Only the budget narrative counts toward the page limit.

In addition to the requirements in the [budget and budget narrative section](#), follow these instructions:

Complete the Research and Related Budget Form. Follow the instructions in section 3.1.4 of the [R&R Application Guide](#).

You will complete the form for each budget year for the proposed performance period. After completing the first budget period in the form, you may click "Add Period" to move to the next.

R & R Subaward Budget Attachment(s) form

Counts toward the page limit.*

Complete the R & R Subaward Budget Attachment Form for each subaward and subcontract you propose. You will do this using the R & R Subaward Budget Attachment(s) form.

To complete the budget forms, follow the instructions in [Grants.gov](#).

If you have more than 10 subawards, you may upload the extra budget forms in the Research and Related Other Project Information form in Block 12, "Other Attachments".

Project/Performance Site Location(s) form

Counts toward the page limit.*

Follow the form instructions in Grants.gov.

Disclosure of Lobbying Activities (SF-LLL) form

Does not count toward the page limit.

Follow the form instructions in Grants.gov.

BHW Program Specific Data form

Does not count toward the page limit.

Follow the form instructions in Grants.gov.



Step 4:

Learn About Review and Award

In this step

Application review	35
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Application review

Initial review

We review each application to make sure it meets [eligibility](#) criteria, including the [completeness and responsiveness](#) criteria. If your application does not meet these criteria, it will not be funded.

Also, we will not review any pages over the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Purpose and need	15 points
2. Response	35 points
3. Impact	20 points
4. Resources and capabilities	20 points
5. Support requested	10 points

Criterion 1: Purpose and need (15 points)

See Project Narrative [Introduction and purpose](#), and [Need](#) sections.

The panel will review your application for how well it:

- Briefly describes the purpose of your project.
- Describes the community and population served by your institution and need for SUD prevention and treatment services.
- Provides information on the needs of the communities served by your clinical rotation sites.

Criterion 2: Response (35 points)

See Project Narrative [Approach](#), [High-level work plan](#), and [Resolution of challenges](#) sections.

Approach (15 points)

The panel will review your application for how well it:

- Proposes a project that responds to the program's purpose.
- Describes how you will address your stated needs, program goals, requirements and expectations described in this NOFO.
- Describes how you will provide opportunities for interprofessional team training, across a diversity of clinical sites.
- Describes how you will work with medically underserved community-based sites, including in rural areas.
- Details your approach to addressing stigma with fellows, residents, and community(ies).
- Describes how you will implement the required rotations for fellows, including those in which they will be teaching residents.
- Provides training to fellows regarding SDoH, their relationship to SUD, and the role of an interprofessional team in addressing them.
- Describes how you will provide training to fellows to understand and help their patients navigate the legal system.
- Explains your strategies to improve fellows' cultural competence to meet the needs of medically underserved communities, including in rural areas. Include those that increase the use of culturally and linguistically appropriate services by providing training based on the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care Standards](#).

High-Level Work Plan (15 points)

The panel will review your application for how well it:

- Describes how you will achieve the goal, each of the three program objectives, and program requirements and expectations.
- Provides in the SWP a timeline for each of the 5 budget years and by quarter that includes each activity and identifies who is responsible for each (by title).
- Provides the fellow training table as [Attachment 8](#).
- Provides the clinical rotation site table as [Attachment 9](#).
- Describes the activities to reduce stigma among fellows and residents and in the community.

Resolution of Challenges (5 points)

The panel will review your application for how well it:

- Describes the obstacles and challenges you may face during project design and implementation. This includes the quality of your plan to deal with them.
- Responds to specific areas of potential challenge including but not limited to:
 - Recruitment of fellows and faculty.
 - Identification of clinical rotation sites.
 - Supervision and support of fellows.
 - Addressing stigma.

Criterion 3: Impact (20 points)

See Project Narrative [Performance reporting and evaluation](#) and [Sustainability](#) sections.

Performance reporting and evaluation (15 points)

The panel will review your application for how well it:

- Proposes a project that will have an impact on SUD morbidity and other impacts of untreated mental health and SUD in your community.
- Describes plans for effectively sharing project results that could be replicated by others or be national in scope.
- Demonstrates strong and effective methods to monitor and evaluate project results.
- Includes measures that will assess that program objectives have been met and to what extent the results are because of the project.
- Presents a quality plan to collect and manage data to ensure accurate and timely performance.
- Describes your process to collect, manage, store, and report NPI numbers for eligible participants. This includes a process to track fellows after program completion for up to one year.
- Proposes to use collected data for continuous quality improvement and to monitor and evaluate project results.
- Anticipates evaluation obstacles and proposes strategies to address them.

Sustainability (5 points)

The panel will review your application for how well it:

- Highlights key elements of your projects.
- Proposes a solid plan for sustaining the project beyond the federal funding, including timing to become self-sufficient.

- Describes likely challenges to be encountered in sustaining the program and describes logical approaches to resolving the challenges.

Criterion 4: Resources and capabilities (20 points)

See Project Narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

- Project staff have the training or experience to carry out the project.
- You have adequate facilities and capabilities to fulfill the needs of the proposed project.
- You demonstrate that the organizations you will partner with to meet training objectives have the capacity to fulfill their program responsibilities.
- You demonstrate the strength of the relationship with key partners through the narrative, project organizational chart, and key letters of agreement and support.
- You include a staffing plan and job descriptions for key faculty and staff in [Attachment 4](#).
- You include biographical sketches for key staff using the Research & Related Senior/Key Person Profile form. See [other required forms](#).

Criterion 5: Support requested (10 points)

See [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable are the costs, outlined in the budget and required resources sections, and how well they align with the project's scope.
- The budget and budget justification depicts that no less than 50% of the total funding is dedicated to stipends for fellows and up to 50% of total funding is used for administration and program management or other recipient activities.
- Whether key staff have sufficient time to spend on the project to achieve project objectives.
- The budget reflects an allocation of resources that demonstrates an effective and efficient means to achieving the project goal and objectives.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.
- We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities, funding preferences, and special considerations.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding priorities

This program includes a funding priority imposed by 42 U.S.C. § 294k(d)(1) (Section 760(d)(1) of the Public Health Services Act). A funding priority adds points to merit review scores if we determine that the application meets the following criteria.

Qualifying for a funding priority does not guarantee that your application will be successful. HRSA staff adjusts the score by a set, pre-determined number of points.

The AMF program has the following funding priorities—you may only apply for one priority, please clearly state for which priority you are applying. You will only be awarded 5 priority points in one category, even if you show you satisfy all three priority qualifications the other two will not be considered.

Priority 1: Team-Based Care (5 points)

We will give you a funding priority if you demonstrate experience in training providers to practice team-based care that integrates mental health and SUD disorder prevention and treatment services with primary care in community-based settings, which may include such settings that serve pediatric populations.

To qualify for this priority, you will need to demonstrate that at least 40% of your addiction medicine or addiction psychiatry fellows who completed the program in the past 2 academic years (AY 2022 to 2023 and AY 2023 to 2024) were trained in interprofessional teams that included at least two additional disciplines for at least one training rotation.

Priority 2: Health Information Technology (5 points)

We will give you a funding priority if your program can demonstrate experience in training fellows to use health information technology, and telehealth as appropriate, to support either:

- The delivery of mental health and SUD services at a teaching health center or your institution.
- Within community health centers to integrate primary care and mental health and SUD treatment.

To qualify for this priority, you will need to demonstrate that at least 25% of the existing curriculum or rotations for addiction medicine or addiction psychiatry fellows integrate the use of health information technology, and telehealth as appropriate, in one of the two settings listed above.

Priority 3: Rural, Tribal or Underserved Communities (5 points)

We will give you 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.

To qualify for this priority, you will need to demonstrate an ability to train addiction medicine or addiction psychiatry fellows in an area with demonstrated need, defined for the purposes of this NOFO as a federally designated tribal area or an underserved community which meets one of the two criteria below:

1. Any training sites located in Mental Health or Primary Care HPSAs with a score of 16 or above at the time of application, as shown using the [HPSA Find tool](#), or
2. Any training sites located in a county with a drug overdose rate higher than the age-adjusted national average of 32.6 per 100,000 population as [reported by the CDC for 2022](#). County overdose rate must be expressed in terms of population per 100,000 and indicate the source of your data.

Information to apply for priority 3 can be provided in table format similar to the following and included in [Attachment 6](#).

Table: Funding priority 3 site information

Name of training site	Training site address (street, city, county, state, ZIP Code)	Mental Health or Primary Care HPSA score using the HPSA find tool	County overdose rate (per 100,000 population)	Name and link to site from which county overdose rates were obtained
1				
2				

You will not receive funding priority points for this priority if:

- You fail to include the specific addresses for the partnering training sites.
- The address of the training site is not found in the HPSA Find tool.
- The county overdose rate is not provided in terms of population per 100,000.
- The source of the data is not provided or is inaccurate.

All data is subject to verification.

Funding preferences

This program includes funding preferences authorized by 42 U.S.C. § 295j (section 791 of the Public Health Service Act). A funding preference that is requested and met will only be applied to a qualified application ranked above the 20th percentile of proposals that have been recommended for approval by HRSA's merit review committee.

You must clearly indicate the basis for which you are requesting the funding preference in the Project Abstract. Provide supporting documentation in [Attachment 7](#).

HRSA staff determines if your application qualifies for a funding preference and will move it to a more competitive position among fundable applications.

Preference: Medically Underserved Community (MUC)

This funding preference focuses on the number of graduates from your AMF/APF fellowship training program that are employed in MUCs. To qualify, you must provide all the requested data shown. For this NOFO, a MUC is defined as a geographic location or population of people eligible for designation by the federal government as one of these:

- Health Professional Shortage Area
- Medically Underserved Area
- Medically Underserved Population
- Governor's Certified Shortage Area for Rural Health Clinic purposes.

See [Health Workforce Data, Tools, and Dashboards](#) to determine whether the fellow who has completed your AMF/APF program is practicing in a medically underserved community.

You can apply for one or more of the following qualifications. However, we will grant only one funding preference per application.

Qualification 1: High MUC Placement Rate

You can request a funding preference if you have a high rate for placing graduates of your AMF/APF program in practice settings that have the principal focus of serving residents of MUCs.

To qualify for a High MUC Placement Rate, an applicant must demonstrate that their percentage of graduates employed in MUCs for AY 2022 to 2023 and AY 2023 to 2024 was greater than, or equal to, 50% of all graduates.

Include the documentation, request for the funding preference, and basis for the request in 6 [Attachment 7](#).

Table: Qualification 1 Example calculation

Step 1	Number of program completers in AY 22-23 employed in MUCs	+ Plus	Number of program completers in AY 23-24 employed in MUCs
Step 2	/ Divided by		
Step 3	Total number of program completers in AY 22-23	+ Plus	Total number of program completers in AY 23-24
Step 4	X Multiplied by 100		
Step 5	= Equals MUC Placement Rate		

Qualification 2: Significant MUC Placement Rate Increase

You can request a funding preference if you have a significant increase placing fellows who have completed your AMF/APF program in practice settings that serve in MUCs.

To qualify for a Significant Increase MUC Placement Rate, you must demonstrate a 25% increase in MUC placements from AY 2022–2023 to AY 2023–2024.

Include the documentation, request for the funding preference, and basis for the request in [Attachment 7](#).

Table: Qualification 2 Example calculation

Step 1	Number of program completers in AY 23-24 employed in MUCs	/ Divided by	Total Number of program completers in AY 23-24
Step 2	- Minus		
Step 3	Number of program completers in AY 22-23 employed in MUCs	/ Divided by	Total number of program completers in AY 22-23
Step 4	X Multiplied by 100		

Step 1	Number of program completers in AY 23-24 employed in MUCs	/	Total Number of program completers in AY 23-24
		Divided by	
Step 5	= Equals Percentage point difference		

Qualification 3: Mechanism for New Training Programs to Qualify for a Funding Preference

Qualification 3 serves as a pathway for new programs. To qualify, you must have graduated fewer than three AY cohorts of fellows and meet at least four of the following criteria:

- Your mission statement includes a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
- Your curriculum includes content that will help to prepare practitioners to serve underserved populations.
- You require substantial clinical training in MUCs.
- At least 20% of your clinical faculty spends at least 50% of their time providing or supervising care in MUCs.
- The entire program (or a substantial portion of the program) is physically located in a MUC.
- Trainee assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.
- The program provides a placement process or service to help graduates find positions in MUCs.

To request the MUC Preference as a new program, submit a brief narrative entitled “New Program MUC Preference Request” in [Attachment 7](#). The narrative must:

- Describe how your program meets at least four of the seven criteria mentioned above, clearly identifying each relevant criterion.
- State the year the program was established, as described above.
- Provide the total number of graduates for each academic year since the training program began, including the current year.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section [4 of the R&R Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5:

Submit Your Application

In this step

Application submission and deadlines	47
Application checklist	48

Application submission and deadlines

Your organization's authorized official must certify your application. See [Find the Application Package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See [Get Registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

You must submit your application by February 28, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have Questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Application checklist

Make sure that you have everything you need to apply:

Form	See instructions	Included in page limit?
<input type="checkbox"/> Project Abstract Summary	Project abstract	No
<input type="checkbox"/> Research and Related Other Project Information	Project narrative Form instructions	Only the attached project narrative
<input type="checkbox"/> Research and Related Budget	Budget and budget narrative Form instructions	Only the attached budget justification
Attachments <ul style="list-style-type: none"> <input type="checkbox"/> 1: Accreditation documentation <input type="checkbox"/> 2: Project organizational chart <input type="checkbox"/> 3: Letters of agreement, MOUs, and contracts <input type="checkbox"/> 4: Staffing plan and job descriptions <input type="checkbox"/> 5: Maintenance of effort documentation <input type="checkbox"/> 6: Funding priority documentation <input type="checkbox"/> 7: Funding preference documentation <input type="checkbox"/> 8: Fellow training table <input type="checkbox"/> 9: Clinical rotation sites table <input type="checkbox"/> 10: Letters of support <input type="checkbox"/> 11 to 15: Other documents as applicable <p>If you have additional material to submit, such as explanations of mandatory disclosures, you can use this form.</p>	Attachments	Yes
<input type="checkbox"/> SF-424 R & R (Application for Federal Assistance)	Form instructions	No
<input type="checkbox"/> Standardized Work Plan (SWP)	Project narrative, high-level work plan Form instructions	No
<input type="checkbox"/> Research and Related Senior/Key Person Profile (Expanded)	Project narrative, organizational information Form instructions	No
<input type="checkbox"/> R & R Subaward Budget Attachment(s)	Form instructions	Yes*

Form	See instructions	Included in page limit?
<input type="checkbox"/> Project/Performance Site Locations(s)	Form instructions	Yes*
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	Form instructions	No
<input type="checkbox"/> BHW Program Specific Data Form	Form instructions	No

* Only what you attach in addition to these forms counts against the page limit. The form itself does not count.



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [51](#)

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supplies.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The [HHS Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- See the requirements for performance management in [2 CFR 200.301](#).
- You must immediately notify HRSA of changes in accreditation status or project director.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.

- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or
 - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements [Section 4 of the R&R Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require a Performance Report annually via the Electronic Handbooks (EHBs).
- All HRSA recipients must collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRMA) and the Foundations for Evidence-Based Policymaking Act of 2018.
- The Annual Performance Report (APR) collects data on all academic year activities from July 1 to June 30. It is due to HRSA on July 31 each year.
- If award activity extends beyond June 30 in the final year of the grant, HRSA may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 120 calendar days after the period of performance ends.

- You can find examples of APRs at [Report on Your Grant](#) on the HRSA website. Performance measures and reporting forms may change each academic year. HRSA will provide additional information in the Notice of Award (NOA).
- We will require progress reports quarterly and annually.



Contacts and Support

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Agency contacts

Program and eligibility

Anthony L. (Tony) Schlaff, MD, MPH, FACPM

Physician/ Project Officer, Medical Training and Geriatrics Branch

Division of Medicine and Dentistry

Bureau of Health Workforce

Health Resources and Services Administration

Email your questions to: aschlaff@hrsa.gov

Call: 301-287-9815

Financial and budget

Anthony Ayuninjam

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: aayuninjam@hrsa.gov

Call: 301-945-5821

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Program Specific Definitions

Addiction Medicine: A subspecialty of medicine dealing with the prevention and treatment of substance use disorders and addiction.

Addiction Psychiatry: A subspecialty of general psychiatry that focuses on the evaluation, diagnosis, and treatment of people who are suffering from one or more disorders related to addiction.

Medical-legal partnership (MLP): A collaboration between a health care organization and a public interest law organization to address health-harming social needs that have legal implications, consequences, and/or remedies.

Social Determinants of Health (SDoH): The circumstances, in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. In turn, a wider set of forces—economics, social policies, and politics—shape these circumstances.

Teaching Health Center (THC): A community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act (section 749A(f)(3) of the PHS Act [42 U.S.C. 2931-1]).

Helpful websites

- [HRSA's Grants page](#)
- The [HRSA Manage Your Grant](#) webpage.
- [Bureau of Health Workforce Glossary](#)

Endnotes

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