HRSA
Health Resources & Services Administration
Bureau of Health Workforce

Notice of Funding Opportunity

Application due October 20, 2025

Teaching Health Center Graduate Medical Education (THCGME) Program

Opportunity number: HRSA 26-011

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Contents

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 October 20, 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

In this step

Basic information

Health Resources and Services Administration (HRSA)

Bureau of Health Workforce

Division of Medicine and Dentistry

Program to support the training of residents in primary care residency programs in community-based ambulatory patient care centers.

Summary

The Teaching Health Center Graduate Medical Education (THCGME) program supports primary care residency training in community-based ambulatory patient care centers.

This opportunity is specifically to apply for continuation awards to support maintenance of filled resident Full-Time Equivalent (FTE) positions for existing HRSA THCGME Program payment recipients.

To be eligible, current recipients must be:

- Funded under previous announcements HRSA-22-105 and HRSA-22-139.
- Completing their current period of performance on June 30, 2026.

This notice is for multi-year funding and will extend the period of performance for an additional three years, to June 30, 2029.

Awards made through this notice may only be used to support the costs associated with resident FTE training. This funding will support both:

- Direct expenses associated with sponsoring approved graduate medical residency training programs.
- Indirect expenses associated with the additional costs related to teaching residents in residency training programs.

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name:
Teaching Health Center Graduate Medical Education (THCGME) Program

Opportunity number:
HRSA-26-011

Announcement version:
New

Federal assistance listing:
93.530

Key dates

NOFO issue date:
September 18, 2025

Informational webinar:
Visit BHW Open Opportunities for webinar information.

Application deadline:
October 20, 2025

Expected award date is by:
June 30, 2026

Expected start date:
July 1, 2026

See other submissions for other time frames that may apply to this NOFO.

Funding details

Application Types: Competing Continuation

Expected total available funding in FY 2026: $47.6 million

Expected number and type of awards: 43 grant awards

Funding range per award: $160,000 to $3,840,000 per award

We plan to fund awards in three 12-month budget periods for a total 3 year period of performance - July 1, 2026, to June 30, 2029. Your request for years 2 and 3 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.

The THCGME Program payment is formula-based, and the anticipated FY 2026 interim payment rate is $160,000 per resident FTE. In subsequent fiscal years, the payment rate may change due to available appropriations and/or changes in payment methodology. HRSA may adjust recipient funding levels beyond the first year if a recipient is unable to fully succeed in achieving the goals listed in their application.

Eligibility

Who can apply

Current THCGME Program payment recipients that were awarded funding under HRSA-22-105 and HRSA-22-139, that operate accredited primary care residency programs, or have formed a graduate medical education (GME) consortium that operates an accredited primary care residency program, in one of the following specialties/disciplines:

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

Existing HRSA THCGME Program payment recipients must continue to meet eligibility criteria to remain eligible for HRSA THCGME funding. Program payment recipients that fail to meet any eligibility criteria will not be considered for funding under this announcement.

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.
- Does not include the appropriate tables.
- Fails to include all required documents.
- Requests funding for residency program development.
- In specialties/disciplines outside of those listed in the Eligibility section.
- Do not have accreditation by the project start date.

Application limits

You may submit more than one application under the same Unique Entity Identifier (UEI) if each proposes a distinct residency program. We will only review your last validated application for each distinct residency program before the deadline.

Cost sharing

This program has no cost-sharing requirement. 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.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See Step 6: Learn What Happens After Award for information on regulations that apply, reporting, and more.

Program description

Purpose

The purpose of the THCGME Program is to provide funding to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers. These residency programs will prepare residents to provide high-quality care, particularly in rural and underserved communities, and develop competencies to serve a wide range of populations and communities.

This notice announces the opportunity to apply for continuation awards to support maintenance of filled resident Full-Time Equivalent (FTE) positions that are funded by HRSA under announcement HRSA-22-105 and HRSA-22-139. Applications through this FY 2026 Notice of Funding Opportunity (NOFO) will extend the period of performance for positions funded for an additional three years beyond the periods of performance listed in the original grants.

Organizations applying for continued support for more than one residency program must submit a separate application for each unique program.

Funding through this opportunity will support ***maintenance*** of approved HRSA-funded resident FTE positions for existing HRSA THCGME Program payment recipients ***only***. Applications seeking support for an expanded number of resident FTE positions or the establishment of new resident FTE positions will not be considered under this notice.

Background

The THCGME Program was created to meet the growing need for primary care and to offer a new residency model focused on training physicians and dentists in community-based settings. Evidence shows that using a community-based model increases physicians in high-need locations.[1],[2] The THCGME Program further supports medical and dental residency training focusing on rural and underserved areas. Since the program's inception in 2011, over 2,700 new physicians and dentists have entered the workforce through this program.

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 39,640 FTEs between 2022 and 2037. NCHWA also predicts a 7.1% increase in national demand for oral health professionals including endodontists, general dentists, oral surgeons, orthodontists, pediatric dentists, periodontists, and other dentists. While the overall supply of some oral health professionals may meet the projected demand for their professions, NCHWA data projects shortages in general dentistry for all years covered by the current projections

(2022 to 2037). People outside of metro areas face additional difficulties in accessing dental care. The projections predict that in 2037, there will be a projected shortage of dentists in 46% of nonmetro areas.

Program goal and objectives

Goal

Increase the supply of primary care medical and dental residents that are trained in community-based settings.

Objectives

To support the continued training of primary care medical and dental residents in existing HRSA THCGME-funded residency programs.

Existing HRSA THCGME residency program recipients may only request the number of resident FTEs previously approved in prior competitions HRSA-22-105 and HRSA-22-139.

Program requirements and expectations

All recipients must meet these program requirements:

Evaluation: Upon request, you must participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

Reconciliation: All HRSA THCGME funding is subject to annual reconciliation.

- During reconciliation, any changes to the number of resident FTEs you report will be calculated to determine the final amount payable for the budget period.
- You must make sure that the FTEs you report are accurate, and you may face audits.
- You must coordinate with teaching hospitals to avoid over-reporting FTEs for THCGME Program funding. Over-reporting could result in overpayment, which HRSA will recoup.

Other funding sources: - THCGME Program funds must be used for program activities and may not replace or supplant funds that have been provided from a different funding source to support the same resident FTE.

- This applies to other funding sources from federal, state, local, tribal, non-profit or for-profit entities.
- Such replacement or supplanting may be grounds for suspension or termination of current and future federal awards, recovery of misused federal funds, and other remedies available by law.

Coordinate to prevent duplicative payment: 42 U.S.C. § 256h(e) (Title III, § 340H(e) of the Public Health Service Act) describes the relationship between THCGME Program funding and GME payments made by the Centers for Medicare and Medicaid Services (CMS) and the Children's Hospitals Graduate Medical Education (CHGME) Payment Program. THCGME programs must coordinate closely to avoid duplicative payment for the same resident FTE time.

- THCGME programs will have payment reduced if an affiliated teaching hospital receives any additional federal DME (Direct Medical Education) payments for claimed THCGME-funded resident FTE (e.g. CMS, CHGME, Veteran's Affairs).
- THCGME payments will not be reduced if an affiliated teaching hospital does **not** receive any additional federal (CMS, CHGME, VA) DME payments for claimed THCGME-funded resident FTEs.
- THCGME payment will not be reduced if an affiliated teaching hospital receives CMS Indirect Medical Education (IME) payments and/or CHGME IME payments for claimed THCGME-funded resident FTEs since IME payments are not considered duplicative to THCGME payments.

Accreditation/institutional sponsorship - The eligible community-based ambulatory patient care center or GME consortium must be accredited in one of the primary care disciplines listed in the Eligibility section.

- The eligible entity must be listed as the institutional sponsor by the relevant accrediting body—such as the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA).
- It must be named on the program's relevant accreditation documentation.
- You must maintain your accreditation throughout the full period of performance.

Notification: In the event of an organizational change to program directors, sponsoring institutions, consortia members or other significant items, you must immediately notify HRSA and submit a prior approval request for the change through the HRSA Electronic Handbooks (EHB) system (https://grants.hrsa.gov).

National Provider Identifier numbers: You must apply for and report National Provider Identifier (NPI) numbers for residents.

Statutory authority: 42 U.S.C. § 256h (Title III, § 340H of the Public Health Service Act)

Award information

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS will adopt 2 CFR 200, with some modifications included in 2 CFR 300. These regulations replace those in 45 CFR 75.

Policies

To make an award, funding must be available and allocated for this program and purpose, at which point 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:

- Extend the period of performance
- Award supplemental funding.

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 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
- You cannot earn profit from the federal award. See 2 CFR 200.400(g).
- Current appropriations law includes a salary limit of $225,700 as of January 2025 that applies to this program. You may pay salaries at a rate higher than the Executive Level II if the amount beyond the HHS SRL is paid with non-HHS funds not associated with the HHS awarded project.

Program-specific limitations

- Payments made through this announcement are to only be used for the direct expenses associated with sponsoring an approved graduate medical residency training program and indirect expenses associated with the additional costs relating to teaching residents in residency training programs.

- THCGME Program funds may not be used for residency program development (e.g., the costs associated with accreditation).
- See Manage Your Grant for other information on costs and financial management.

THCGME Program payment overview

- The FY 2026 HRSA THCGME Program payment is formula-based and provides payment for both the direct expenses associated with sponsoring approved graduate medical residency training programs and indirect expenses associated with the additional costs related to teaching residents in residency training programs. The expected FY 2026 per resident amount is $160,000 per resident FTE.
    - Future per resident amounts may vary based on funding and changes as determined appropriate by the Secretary.

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 2 CFR 200.307.

Step 2:
Get Ready to Apply

In this step

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-26-011.

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.

See Apply for a Grant for other help and resources.

Join the webinar

For more information about this opportunity, Visit the Bureau of Health Workforce's open opportunities website. The webinar will be recorded.

Have questions? Go to Contacts and Support.

Step 3: Prepare Your Application

In this step

Application checklist

Make sure that you have everything you need to apply.

Narratives

See the instructions for the project narrative and the budget and budget narrative.

Form	Included in page limit? *
☐ Research & Related Other Project Information	Yes*
☐ Research & Related Budget	Yes*

Attachments

See instructions for attachments.

Form	Included in page limit? *
☐ 1. Accreditation documentation	Yes
☐ 2. Residency program organizational chart	Yes
☐ 3. Letters of agreement, memoranda of understanding, and contracts	Yes
☐ 4. Staffing plan and job descriptions	Yes
☐ 5. Eligible Resident/Fellow FTE Chart	Yes
☐ 6. THCGME Program Assurances	Yes
☐ 7. Other relevant document	Yes
☐ 8. Other relevant document	Yes
☐ 9. Other relevant document	Yes
☐ 10. Other relevant document	Yes

Other required forms

See form instructions.

Form	Included in page limit? *
☐ SF-424 (R&R)	No
☐ Project Abstract Summary Form	No
☐ R&R Subaward Budget Attachment(s)	Yes*
☐ Research & Related Senior/Key Person Profile form	No
☐ Project/Performance Site Locations(s)	No
☐ Disclosure of Lobbying Activities (SF-LLL)	No

* Unless otherwise indicated, only what you attach to a form counts toward the page limit. The form itself does not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 60 pages.

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

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 narrative

Since you are submitting requests to continue your program, you are not required to submit a project narrative unless you have updates from your original application under HRSA-22-105 or HRSA-22-139. If you have updates, upload the project narrative as an attachment to the Research & Related Other Project Information Form.

Budget and budget narrative

The THCGME Program is a formula-based payment program that does not require submission of a formal budget. An Eligible Resident/Fellow FTE Chart for the number of resident FTEs requested is required.

Your application package contains a required R&R Budget Form.

- Input zeros in blocks A-K.
- Use block L. Budget Justification - Attach the Resident FTE Request Justification to the SF-424 R&R Budget Form.

Attachments

See section 3.2 of the HRSA R&R Application Guide.

Place your PDF attachments in order in the Attachments form.

Attachment 1: Accreditation documentation

Required — Counts toward page limit.

Please provide the most current documentation for the sponsoring institution and residency program accreditation from the appropriate accrediting body (ACGME or CODA). Documentation must clearly identify the residency program's institutional sponsor, number of approved resident positions, dates of accreditation, and any noted citations (if applicable). 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: Residency program organizational chart

Required — Counts toward page limit.

Provide a one-page diagram that shows the organizational structure of the residency program, including the community-based ambulatory patient care center and all major training partners.

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

As Applicable — Counts toward page limit.

Provide any documents from the last five years that describe working relationships between your organization and other organizations and programs you cited 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.
- It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization.
- Make sure any letters of agreement are signed and dated.

Letters of agreement from hospital training partners must address understanding and steps to ensure that THCGME resident FTEs will not also be submitted to Medicare GME or the CHGME Payment Program for the purposes of receiving GME payments.

Affiliation agreements with hospitals that have not previously trained medical residents must include acknowledgement that new residents rotating at these sites will trigger the CMS resident FTE cap building period.

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 the 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 their role, responsibilities, and qualifications.

Attachment 5: Eligible Resident/Fellow FTE Chart

Required — Counts toward page limit.

Upload a copy of the completed Eligible Resident/Fellow FTE Chart. The chart must include the total resident training numbers from AY 2022-2023 through AY 2025-2026, and planned total resident training numbers for AY 2026-2027 through AY 2028-2029. THCGME Program-supported resident FTEs documented in this chart may not exceed the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter. Requests for resident FTEs beyond this number will not be considered through this announcement.

Attachment 6: THCGME Program Assurances

Required — Counts toward page limit.

Appendix A provides THCGME Program information on resident FTE time that is allowable to receive THCGME payments. Provide documentation that the funds for the resident FTE slots you are requesting will not replace funds that have been provided from a different source for the same resident FTEs. You must submit a signed THCGME Program Assurances document confirming that you have reviewed and will comply. Please see Appendix A for instructions.

Attachments 7 to 10: Other relevant documents

As Applicable – Counts toward the page limit.

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

Other required standard forms

You will need to complete some other forms. Upload the forms listed 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	With application
Project Abstract Summary Form	With application
Research & Related Other Project Information	With application
Research & Related Senior/Key Person Profile (Expanded)	With application
Project/Performance Site Location(s)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.

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.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Project abstract

Does not count toward the page limit

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include any needs you plan to address, the proposed services, and the population groups you plan to serve compared to your previous application. For more information, see section 3.1.2 of the R&R Application Guide.

The abstract must also include:

- Name of the graduate medical training program.
- Discipline of the residency program.
- Eligible entity type:
  - State the type and name of the community-based ambulatory patient care center as described in the eligibility section.
  - State whether the community-based ambulatory patient care center operates the residency program alone or as part of a GME consortium.
- The year the program first began training residents.
- A brief overview of the residency program that includes the name of the accredited sponsoring institution (as designated by ACGME or CODA) and a

description of the main primary care training location, including populations served.

- Resident FTE positions requested to be funded under this program for Academic Year (AY) 2026-2027 (number of Post Graduate Year Ones (PGY1s)).
- Total resident FTE positions requested to be funded by this program for all postgraduate years of training.
- Rotation sites:
    - State if residents within your program will perform rotations at any new hospital rotation site(s) that have not provided resident training in any prior AY.

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

The attached biographical sketches do not count toward the page limit

Follow these instructions.

- Include biographical sketches for people who will hold the key positions.
- Try to use no more than 2 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 responsibilities of the person.
    - Other information.

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.

Project/Performance Site Location(s) form

Only what you attach to a form counts toward the page limit. The form itself does not count.

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.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Step 4: Understand Review, Selection, and Award

In this step

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.

Review criteria

This program is formula-based. We review your application on its technical merit.

We will distribute funds among eligible organizations with complete applications. We use the data supplied in applications to calculate award amounts.

We will fund existing HRSA-funded THCGME Program payment recipients, previously awarded under HRSA-22-105 and HRSA-22-139, that meet eligibility requirements and validate the number of FTE residents requested for continued THCGME Program support.

Risk review

Before making an award, your award history is reviewed 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 more than $250,000 over the period of performance. 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 2 CFR 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Past performance assessed through previous reporting requirement documents, such as annual reconciliation, annual performance reports, or any other requested documents. Past performance is key to making decisions but is not the only factor.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Choose to fund no applications under this NOFO.

You cannot appeal a denial, or the amount of funds awarded.

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

Application deadline

You must submit your application by **October 20, 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.

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

Step 6: Learn What Happens After Award

In this step

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, with this NOFO incorporated as reference.
- The regulations at 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS Grants Policy Statement (GPS) [PDF]. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301 (before October 1, 2025: 45 CFR 75.301).

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here].

Reporting

If you are funded, you will have to follow the reporting requirements in 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).
- The THCGME Program has additional annual reporting requirements per 42 U.S.C. § 256h(h) (Title III, § 340H(h) of the Public Health Service Act Act) that must also be submitted via EHBs. Failure to provide complete and accurate information required by the statute may result in a reduction of the amount payable by at least 25%. Prior to imposing any such reduction, the recipient will be provided notice and an opportunity to provide the required information within 30 days, beginning on the date of such notice.
- **Final Report**: Due within 120 calendar days after the period of performance ends. The Final Report is designed to provide HRSA with information required to close out a project after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report must be submitted online at HRSA EHBs and include the following sections:
  - Project Objectives and Accomplishments—Description of major accomplishments on project objectives.
  - Project Barriers and Resolutions—Description of barriers/problems that impeded the 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 because of the payment. Changes to the objectives from the initially approved payment.
- **Annual Reconciliation Tool**: The recipient must submit an annual reconciliation tool that provides actual resident FTEs trained in the budget period AY. The reconciliation tool reporting occurs immediately following the budget period AY. Any FTE overpayments will be recouped by HRSA. THCGME award recipients may be subject to an FTE Assessment to verify accurate FTE reporting.
- THCGME recipients may also be required to provide additional information—such as letters or other official documentation—related to resident training and graduates within their program, as requested by HRSA.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Angela Aldrich, DDS
Project Officer, Division of Medicine and Dentistry
Attn: THCGME Program
Bureau of Health Workforce
Health Resources and Services Administration
Email: aaldrich@hrsa.gov

Financial and budget

Kim Ross
Grants Management Specialist
Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Email: kross@hrsa.gov

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 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

You can find a glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs at the HRSA Health Workforce Glossary. In addition, the following definitions apply to the THCGME Program:

Approved graduate medical residency training program: As defined in 42 U.S.C. § 256h(j)(1) (Title III, § 340H(j)(1) of the Public Health Service Act, a residency or other postgraduate medical training program:

1. where participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and
2. that meets criteria for accreditation as established by the Accreditation Council for Graduate Medical Education or the American Dental Association's Commission on Dental Accreditation.

Existing THC: A THC that sponsors an "approved graduate medical residency training program" as defined, and that received a payment for the HRSA THCGME Program during a previous fiscal year.

Full-Time Equivalent (FTE): The ratio of a resident's time required to fulfill a full-time residency slot for one academic year. Multiple individual residents' time can add up to equal one full-time equivalent resident.

GME consortium: A contractual collaboration between a community-based, ambulatory patient care center and community stakeholders to form an operating entity that serves as the institutional sponsor of an accredited primary care residency program.

- Examples of community stakeholders include academic health centers, universities or medical schools, teaching hospitals, and critical access hospitals.
- The community-based ambulatory patient care center plays an integral role in the academic, financial, and administrative operations of the residency program, as well as in the academic and clinical aspects of the program, including:
    - Curriculum development.
    - Scheduling of clinical rotations.
    - Selection of staff and residents.
    - Other organizational functions.
- The relationship between the THC and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

New THC: A THC that sponsors a new "approved graduate medical residency training program" as defined in 42 U.S.C. § 256h(j)(1) (Title II, § 340H(j)(1) of the Public Health Service Act, and has not received a payment under the HRSA THCGME Program for a previous fiscal year for the residency training program in consideration for the current award. Note that New THCs are not eligible for this NOFO.

Teaching Health Center (THC): Defined in 42 U.S.C. § 293l-1(f)(3) (Title VII, § 749A(f)(3) of the Public Health Service Act as a community-based, ambulatory patient care center that operates a primary care residency program. Examples of THCs include, but are not limited to:

- Federally qualified health centers (FQHCs).
- Community mental health centers (CMHCs).
- Rural health clinics.
- Health centers operated by the Indian Health Service, by tribes or tribal organizations, or by urban Indian organizations.
- Entities receiving funds under Title X of the PHS Act.

Helpful websites

- HRSA Grants page
- HRSA Manage Your Grant webpage
- Bureau of Health Workforce Glossary

Appendix A

Assurances Document

Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

THCGME Program recipients are required to have the necessary policies, procedures, and financial controls in place to ensure that their organization complies with all federal funding requirements. The effectiveness of these policies, procedures, and controls is subject to audit.

THCGME Program recipients are required to follow applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (2 CFR Part 200).

THCGME recipients are also required to abide by the following policies and reporting guidelines. A signature on the final page of this appendix is required to ensure THCGME recipients are aware of their responsibilities. **The signature page must be submitted in Attachment 10 of your application.**

THCGME Program payments relationship to other federal GME payment programs

Section 42 U.S.C. § 256h(e) (Title III, § 340H(e) of the Public Health Service Act) describes the relationship between THCGME Program funding and other federal GME payments. If a resident full-time equivalent's (FTE's) time is submitted by a THCGME-affiliated teaching hospital for the purposes of receiving additional federal direct medical education (DME) payment, the THC cannot also claim that same time for payment from the THCGME Program.

HRSA requires applicants to coordinate closely with affiliated teaching hospitals to avoid over-reporting of THCGME-supported FTEs. Over-reporting of FTEs and subsequent over-payment will result in the recoupment of those THCGME over-payments.

All THCGME recipients may be subject to an FTE Assessment audit at any time during the period of performance. Recipients are responsible for the accuracy of the data submitted to HRSA. THCGME recipients that do not report resident FTE counts to Medicare are not exempt from the FTE Assessment audit.

2 CFR Part 200, Subpart F - Audit Requirements

The THCGME program is excluded from coverage under 2 CFR Part 200, Subpart F - Audit Requirements. However, the program may be included in a single audit for other (non-THCGME) federal grant funding that a THCGME recipient may also receive.

Annual resident FTE reconciliation

All THCGME payments are subject to annual reconciliation and any funds awarded for resident FTEs not utilized during the academic year will be recouped by HRSA. If adequate funds are not available in the Payment Management System (PMS) for recoupment, the recipient is responsible for repaying funds within a timely manner and may be subject to future penalties such as withholding of future funding or drawdown restrictions.

THCGME resident FTE

42 U.S.C. § 256h(c)(1)(B) (Title III, § 340H(c)(1)(B) of the Public Health Service Act) refers to 42 U.S.C. § 1395ww(h)(4) (Title XVIII, §1886(h)(4) of the Social Security Act) in determining eligible resident FTE for THCGME payments. Therefore, the following limitations apply to the resident FTE that qualify for THCGME payments:

- **International Medical Graduates.** Graduates with international medical or dental degrees are eligible for THCGME support. However, these graduates must have passed the United States Medical Licensing Examination (USMLE) Parts I & II or dental equivalent and must be eligible for licensing following completion of residency.
- **Initial Residency Period (IRP) – Weighting.** The IRP is the minimum number of years of formal training necessary to satisfy the requirements for initial board eligibility in the particular specialty for which the resident is training. Payment for trainees may be subject to weighting based on their initial residency period (IRP). IRP weighting for THCGME is currently under HRSA review and paused at this time. THCGME recipients will be notified prior to implementation of any new policy.
- **Research Time.** Resident time spent conducting research not associated with the treatment or diagnosis of a particular patient cannot be submitted for THCGME payments. HRSA does not consider quality improvement or public or population health projects that are essential in the training of high-quality primary care providers to be research. Resident rotation schedules will be submitted annually to HRSA, and awardees should ensure to delineate between any research and non-research time on all schedules and in all reports.

THCGME Additional Program Guidance. THCGME recipients are required to notify HRSA within five business days of receipt of their applicable accrediting body's correspondence, including citations, accreditation, and other topics.

Additionally, THCGME recipients are required to notify HRSA within 30 days of any changes within the program that may affect the number of FTEs funded by the THCGME Program, including those related to resident FTE training levels and organizational structure. HRSA will reevaluate a program's THCGME eligibility status based on this information and may change or redistribute THCGME-supported FTEs accordingly.

Off-Cycle Residents

Residents are permitted to begin their training off-cycle of the academic year (AY), after July 1. Recipients are required to report the amount of time that the resident was not training in the program on the Reconciliation Tool (OMB 0915-0342) at the end of each AY, by June 30.

If the resident does not meet the training requirements to progress to the next program graduate year (PGY), additional training to complete the PGY is applied using funding for the following AY if approved.

The total number of FTEs supported by the THCGME Program cannot exceed the number of FTEs that the recipient is HRSA approved to train for off-cycle residents. Funding for off-cycle training is subject to approval by HRSA.

Extended absences

Extended absences for maternity leave, long-term illness, etc. are required to be reported on the Reconciliation Tool if the resident does not meet the training requirements to progress to the next PGY. Any additional training time required due to an extended absence may be funded during the next AY. Funding for any extended absences is subject to approval by HRSA.

Remediation

The THCGME Program will provide payments for residents in remediation only if the total number of FTEs requested for a budget period (for example, an academic year) does not exceed the number of FTEs that the recipient is HRSA approved to train. Funding for remediation is subject to approval by HRSA.

Resignations

The THCGME recipient is required to inform HRSA of any resident resignations. This information should be reported to the assigned HRSA Project Officer and on the annual report, reconciliation tool, and performance measure report.

THCGME funding for the resident that left the program will be adjusted to reflect the time the resident spent training in the program. Any overpayments will be recouped.

The recipient is permitted to replace a resident that resigned. However, the total number of the FTEs requested is subject to approval by HRSA.

Resident Moonlighting

Resident moonlighting time may not be supported by THCGME Program funding when additional financial compensation is provided for clinical service.

THCGME Fund Allocation

THCGME funds allocated for a budget period (for example, an academic year) must be utilized for training expenses occurring during that academic year (July 1 to June 30). Drawdowns for these expenses can occur until 90 days after the budget period ends, which is September 30. However, the funding must be used for expenses that occurred during the prior academic year for which they were allocated.

Allowable Expenses

THCGME funds may not be used for a prospective trainee's travel costs to or from the recipient organization for the purpose of recruitment. However, other costs incurred in connection with recruitment under training programs, such as advertising, may be allocated to the THCGME project according to the provisions of the applicable cost principles. Refer to cost principles in 2 CFR 200.403 and 200.420 – 200.475 for more information about allowable expenses.

Prior Approval Requests

HRSA regulations (2 CFR Part 200) require that the awardee formally request prior approval from HRSA before initiating certain actions. The most common actions that require Prior Approval Requests for the THCGME Program include changes to the sponsoring institution and change of Project Director. The requests must be submitted via the Electronic Handbooks (EHBs).

Signature Page

Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

Please print out, sign, scan, and include this page as Attachment 6 of your application.

By signing this we acknowledge that we have read and agree to follow the Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines provided in this document as a condition of award.

Project Director Name	Project Director Signature	Date
Chief Financial Officer/Other Authorized Official Name	Chief Financial Officer/Other Authorized Official Signature	Date

Appendix B

Eligible Resident/Fellow FTE Chart

Program Name:	

Number of Eligible Resident/Fellow FTEs in Program								
Academic Years (July 1 through June 30)	Funding Year	Number of Resident/Fellowship FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5		
2020-2021								
2021-2022								
2022-2023								
2023-2024								
2024-2025								
2025-2026								
2026-2027	Year 1							
2027-2028	Year 2							
2028-2029	Year 3							

OMB 0915-0367 | Expiration date: 12/31/2025

Instructions for completing the Eligible Resident/Fellow FTE Chart are in the section about Attachment 5.

More details are in the following subsection:

Number of Eligible Resident/Fellow FTEs in Program								
Academic Years (July 1 through June 30)	Funding Year	Number of Resident/Fellowship FTEs					Aggregate Number of FTEs in the Program	Aggregate Number of THC FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5		
2020-2021		A	A	A	A	A	C	D
2021-2022		A	A	A	A	A	C	D
2022-2023		A	A	A	A	A	C	D
2023-2024		A	A	A	A	A	C	D
2024-2025		A	A	A	A	A	C	D
2025-2026		A	A	A	A	A	C	D
2026-2027	Year 1	B	B	B	B	B	C	D
2027-2028	Year 2	B	B	B	B	B	C	D
2028-2029	Year 3	B	B	B	B	B	C	D

A. Prior training years – indicated by the letter A in the chart in this section.

The baseline year is the number of resident/fellow FTEs your program trained in AY 2022-2023 through AY 2025-2026. In the columns labeled as "Number of Resident/ Fellow FTEs," list the number of Post Graduate Year (PGY)-1, PGY-2, PGY-3, PGY-4 and PGY-5 full-FTEs enrolled in the resident/fellow program during the previous five academic years.

- If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 columns.
- If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. Include four decimal places for any partial FTEs.
- If your program did not train any resident/fellow FTEs during the previous five academic years, enter zero FTEs in the applicable columns that list the PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 training years.

B. Future academic years – indicated by the letter B in the chart in this section.

In the columns labeled as "Number of Resident/Fellow FTEs," list the **number** of PGY-1, PGY-2, PGY-3, PGY-4, and PGY-5 FTEs you plan to train over the next three academic years, starting with AY 2026-2027 through AY 2028-2029.

- If the residency program is three years, input zeros in the PGY-4 and PGY-5 columns.
- If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5.
- These columns should include any planned THCGME-supported FTEs during the indicated academic years.

C. Aggregate number of FTEs in the program – indicated by the letter C in the chart in this section.

In the column labeled as "Aggregate Number of FTEs in the Program," document the **aggregate number** of resident FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. This column should be equal to the sum of the numbers listed in the "Number of Resident/Fellow FTEs" PGY columns and should include resident/fellow FTEs supported by **all** funding sources.

D. Aggregate numbers of THC FTEs – indicated by the letter D in the chart in this section.

In the column labeled as "Aggregate Number of THC FTEs," document the **aggregate number** of THCGME-supported resident/fellow FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. **Please note that your projections do not guarantee funding.**

Public Burden Statement: The purpose of this information collection is to obtain information through the THCGME Program Eligible Resident/Fellow FTE Chart, where applicants provide data related to the size and/or growth of the residency program, resident enrollment, and projections for program expansion. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0367 and it is valid until December 31, 2025. Public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

HRSA Reports Clearance Officer
5600 Fishers Lane
Room 14N136B
Rockville, Maryland, 20857

Endnotes

1. Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? Academic Medicine. 2013; 88(12): 1934–1940. Retrieved on May 9, 2025 from https://journals.lww.com/academicmedicine/fulltext/2013/12000/do_residents_who_train_in_safety_net_settings.38.aspx . ↑
2. Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Academic Medicine. 2016; 91(9): 1313–1321. Retrieved on May 9, 2025 from https://pmc.ncbi.nlm.nih.gov/articles/PMC5007145/ . ↑