HRSA
Health Resources & Services Administration
Bureau of Health Workforce

Notice of Funding Opportunity

Application due March 18, 2025

Postdoctoral Training in General, Pediatric, and Public Health Dentistry

Opportunity number: HRSA-25-075

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 March 18, 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

Empowering dentists, transforming communities: a commitment to improving oral health for the rural and underserved.

Summary

The purpose of the Postdoctoral Training in General, Pediatric, and Public Health Dentistry program is to improve access to and delivery of oral health care services in rural and underserved communities.

This program has four objectives:

- To increase the number of postdoctoral trained primary care dentists (general, pediatric, and public health dentists) who choose to practice in rural or underserved areas in community-based organizations.
- To prepare dentists to address the oral health needs of people from disadvantaged backgrounds with complex dental conditions.
- To increase the number of dentists trained to manage oral health programs, evaluate systems of care, and design surveillance systems to measure oral health status.
- To evaluate the program, including examination of processes and progress toward goals, program objectives, and expected outcome(s).

Funding details

Application Type: Competing continuation, New

Expected total available funding in FY 2025: $12,500,000

Expected number and type of awards: 27 grants

Funding range per award: Up to $450,000

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name: Postdoctoral Training in General, Pediatric, and Public Health Dentistry

Opportunity number: HRSA-25-075

Announcement version: New

Federal assistance listing: 93.059

Statutory authority: 42 U.S.C. § 293k-2 (Title VII, Sec. 748 of the Public Health Service Act)

Key dates

NOFO issue date: December 19, 2024

Informational webinar: Specifics will be posted on the program webpage once available.

Application deadline: March 18, 2025

Expected award date is by: July 1, 2025

Expected start date: July 1, 2025

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. We plan to fund awards in five 12-month budget periods for a total five-year period of performance from July 1, 2025, to June 30, 2030.

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 you are an entity that has:

- An accredited dental or dental hygiene program or
- An approved residency or advanced education program in general, pediatric, or public health dentistry.
- If you are eligible, you may partner with a school of public health to provide a master's degree in public health to dental students, residents, and dental hygiene students.

Individuals and for-profit entities are not eligible applicants under this NOFO.

Other eligibility criteria

Programs in general dentistry, pediatric dentistry, and dental public health residency must be accredited or initially accredited by the Commission on Dental Accreditation (CODA) by July 1, 2026. Affiliated sites of accredited programs are not eligible. Applications can include combined primary care dentistry disciplines. Primary care disciplines are general dentistry, pediatric dentistry, and dental public health.

The program that sends in the application must be designated as the primary residency.

Fellowships in geriatric, pediatric, or general dentistry that are accredited by a recognized body approved for such a purpose by the Secretary of Education will also meet this accreditation requirement.

You must provide documentation of your CODA accreditation, or proof of submission of application to CODA for accreditation, such as CODA's email "Acknowledgment of application submission," in attachment 1. You must maintain active accreditation throughout the period of performance and notify us of any change in status.

Your program must include at least eight weeks of postgraduate training in general dentistry, pediatric dentistry, or dental public health at a community-based organization.

Trainee eligibility

To receive support under this program, a trainee must be one of the following:

- A U.S. citizen or noncitizen national.
- A U.S. permanent resident.

- 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.

Additionally, the trainee must:

- Demonstrate need for support, and
- Plan to work in the practice of general dentistry, pediatric dentistry, or dental public health.

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

More than one application may be submitted from the same organization under separate UEIs. Communication within your organization is encouraged to prevent duplication and to promote collaboration.

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.

Program description

Purpose

The purpose of the Postdoctoral Training in General, Pediatric, and Public Health Dentistry (PDD) program is to improve access to and delivery of oral health care services in rural and underserved communities. If you receive this grant, you will support innovative postdoctoral dental residency and fellowship training programs at community-based organizations (CBOs) to prepare general, pediatric, and public health dentists to practice and lead new models of oral health care delivery. A community-based organization is a community-based, ambulatory patient care center that operates a primary care dentistry training program. Funded grant training activities must start by the beginning of the second budget period, July 1, 2026. You must conduct your project in one or more of the following three focus areas:

- Rural training sites.
- Underserved populations.
- A dental public health residency program.

Background

According to HRSA's 2022 Health Center Patient Survey, the number of dental visits at health centers has increased since 2020. But of the more than 30.5 million health center patients, only 1.7 million received any kind of restorative dental service and only 69% received the dental health care they needed.[1],[2] There simply aren't enough dentists practicing in safety net settings. 2020-21 data reveals that few postdoctoral oral health graduates practice in medically underserved communities, primary care settings, or rural areas. Of the over 200,000 active dentists in the United States in 2023, only 5,167 were employed in community health centers.[3],[4]

However, dental residents who participate in community-based training programs are more likely to practice in a health center or serve people with Medicaid. One of six general dentistry residents, one of four pediatric dentistry residents, and one of three dental public health residents are trained in a HRSA-supported residency program. By training at CBOs, including health centers, trainees learn clinical and patient management skills not taught in dental school, which enhances their ability to care for patients, understand the environment of people seeking care at CBOs, and recognize how the social determinants of health affect patients' health and health-promoting behaviors. Training programs at CBOs increase the number of dentists in community-based dental clinics, improve health outcomes for members of rural and underserved

communities, expand oral health care access in rural and underserved areas, and increase the number of providers who will continue to care for the underserved.

The dental public health (DPH) specialty focuses on preventing and controlling dental diseases and promoting dental health through organized community efforts. Rather than treating individuals, the community is the patient. DPH programs increase the number of dentists trained to manage oral health programs, evaluate systems of care, and design surveillance systems to measure oral health. DPH is a small but vital specialty: these dentists play important roles in public health dentistry as leaders in the U.S. Public Health Service Commission Corps; federal, state, and local government agencies; health insurance companies, and health systems; and dental schools.

Program goal

The goal of this program is to increase the number of primary care dentists working in community-based organizations serving rural and/or underserved communities.

Program objectives

This program has four objectives:

- To increase the number of postdoctoral trained primary care dentists (general, pediatric, and public health dentists) who choose to practice in rural or underserved areas in CBOs.
- To prepare dentists to address the oral health needs of people from disadvantaged backgrounds with complex dental conditions.
- To increase the number of dentists trained to manage oral health programs, evaluate systems of care, and design surveillance systems to measure oral health status.
- To evaluate the program including examination of processes and progress toward goals, program objectives, and expected outcome(s).

Program requirements and expectations

Focus areas

You must use this funding to plan, develop, and implement projects in CBOs that focus on one or more of the following three areas.

Focus area 1: Rural training sites

You'll prepare dentists to provide care in rural communities by developing and implementing new training and delivery models in CBOs or enhancing existing ones. Examples include:

- Developing or enhancing primary care dental residencies within rural CBOs through formal partnerships between rural or tribal health clinics and hospitals, CBOs, and/or academic centers.
- Developing sustainable rural or tribal primary care dental residencies that are eligible for graduate medical education.
- Developing or enhancing primary care dental rural rotation sites through formal partnerships between rural or tribal health clinics and hospitals, CBOs, and/or dental schools.

Focus area 2: Underserved populations

You'll prepare dentists to provide care to underserved communities by developing and implementing new training and delivery models in CBOs or enhancing existing ones. This should include an emphasis on serving people with complex oral health needs. Examples include:

- Developing or enhancing integrated oral and primary care clinical training.
- Developing or enhancing training to prepare residents to enter and lead CBOs.
- Developing and implementing clinical training to care for underserved communities or populations with significant health disparities.

Focus area 3: Dental public health

You'll develop and test new or enhanced training in dental public health residency programs, including didactic and experiential training to provide dentists with the skills to manage oral health programs, evaluate systems of care, and design surveillance systems to measure oral health status. Examples include:

- Using data to develop sustainable models of accessible oral health services for underserved populations.
- Assessing the needs of populations experiencing health disparities within a community; formulating and implementing policy or programmatic changes; and evaluating these changes to determine their impact.
- Developing or enhancing a dental public health residency program that combines clinical exposure and business management with research.

General requirements

These requirements apply to all funding recipients, regardless of focus area.
Your program must include at least eight weeks of postgraduate training in general dentistry, pediatric dentistry, or dental public health at a CBO. This can consist of one eight-week or two four-week periods within an academic year. The longitudinal rotations must be at least 20 hours per week per trainee.

- If you are not a CBO, you must already have established eight weeks of general, pediatric, or dental public health training with the CBO.
- Multiyear training programs must have an average of at least eight weeks per year of community-based longitudinal rotations.
- Your program must include mentored professional experiences in addition to an educational curriculum that:
    - Is designed to fit the oral health needs of rural, underserved, and health disparity populations.
    - Includes training in quality assessment/quality improvement systems and risk management processes.
    - Includes training in assessing risk so people who need the most care get priority for treatment and prevention.

You must be able to train your trainees (primary care dentists, residents, or fellows) to practice in and meet the clinical needs of rural and underserved communities. These should include population health strategies.

We encourage you to include educational activities in cultural competency and oral health literacy. Include strategies 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. As described in the funding priorities section, your application may propose to establish:

- An oral health care education center for special populations.
- A didactic and clinical education training program for dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, and significant physical limitations, and vulnerable elderly people.

You are encouraged to develop or enhance training for postdoctoral dental trainees in integrated health care delivery systems.

Your project may include some faculty development to prepare people who complete your program for roles as community-based clinician educators and mentors.

To increase the number of dentists trained to manage oral health programs, evaluate systems of care, and design surveillance systems to measure oral health status, you may partner with schools of public health to provide dental residents with a master's year or a certificate in public health. Programs must identify residents who will be enrolled in a Master of Public Health program prior to acceptance into the residency program. Programs may use dedicated match or non-match slots.

- The Master of Public Health programs must either be:

  - Completed by the trainee after acceptance to the residency program, but prior to the actual specialty residency training, or
  - Demonstrate a well-integrated Master of Public Health curriculum within the residency program curriculum.
- Proposals may include training, including a master's degree in public health, to enhance the population health knowledge and skills of faculty who teach residents.
- You may use a planning year.
- If you are proposing a new track within rural or underserved areas, you are encouraged to partner with a school of public health.

Program management requirements

You are required to participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

You must require all trainees to obtain National Provider Identifier (NPI) numbers and report these numbers to HRSA.

You must collect trainees' employment and practice details 1 year after their completion of the program.

You must provide a training chart that details the number of primary trainees and other health care trainees you plan to train every year. You are encouraged to provide program participants with information on the National Health Service Corps (NHSC) Loan Repayment Program (LRP). You are encouraged to strongly consider participants in the NHSC Scholarship Program and NHSC Students to Service (S2S) LRP for your program.

Trainees

You can provide support to trainees to encourage participation from racial and ethnic populations that are underrepresented in the dental profession, veterans or people from a rural or disadvantaged background.

You can provide support for trainees to address barriers to their success in your program including for those with learning disparities or from disadvantaged backgrounds.

Primary trainees are residents and/or fellows who are being trained through the proposed project in general or pediatric dentistry, or dental public health.

Other health care trainees are in other health care professions (such as medical residents or nursing students) who will train alongside or be trained by the primary trainees as part of the interprofessional training.

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 will have to spend at least as much as you spent in the last fiscal year before the award. Sec. 797(b) of the Public Health Service Act (42 U.S.C. 295n-2) requires this. We will enforce these statutory requirements through all available mechanisms. You must provide supporting documentation in your attachments.

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. Note this limitation may be updated.

Program-specific statutory or regulatory limitations

- You cannot use grant funds:
  - To buy real property, or for construction.
  - To pay for equipment costs not related directly to the purposes of this award. Funding for reasonable equipment purchases is allowed.
  - For foreign travel or training.
  - For specialty board certification exam fees.
  - For fringe benefits for trainees.
  - For accreditation costs and fees.
  - For financial assistance to other health care trainees.

You must have policies, procedures, and financial controls in place. You 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% of modified total direct costs. To calculate this, we exclude from the direct cost base:

- Direct cost amounts for equipment, tuition, fees, and participant support costs
- Subawards and subcontracts exceeding $50,000

For modified total direct costs, we use the definition per 2 CFR 200.1.

State or local governments and federally recognized Indian tribes can charge their negotiated rate or use their state cost allocation plans. For the purpose of calculating indirect costs, we do not consider state universities or hospitals as government agencies.

Program income

Program income is money earned as a result of your award-supported project activities. Program income must be added to the total project costs. Find more about program income at 45 CFR 75.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. 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-25-075.

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 webinar. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for you 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

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

Application page limit: 60 pages.

Submit your information in English and express 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	Use the Research and Related Other Project Information form.	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 standard forms section.

See the application checklist for a full list of all application requirements. See form instructions for more details on completing each form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. 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.

If applicable, identify if you are requesting a funding priority.

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 section headers and the order that follow.

Introduction and purpose

See merit review criterion 1: Purpose and need

Briefly describe the purpose of your project.

- Include the efforts you will make to address the non-academic barriers to trainees' access to education and success in your program. These barriers might include physical health, psychological health, physical environment, social environment, and economic stability. Trainees include residents, fellows, and program participants.
- Propose an actionable framework that targets learning disparities and expands learning opportunities to support trainees from disadvantaged backgrounds. This framework may include recruiting trainees from rural or underserved areas, or areas with health disparities.
- Include population health strategies you will use to identify successful approaches to reducing oral diseases in the population you are serving. Such approaches should include understanding the environment of individuals seeking care at CBOs and how the social determinants of health affect their health and health-promoting behaviors.

Need

See merit review criterion 1: Purpose and need

Describe the trainees and their unmet needs this program will address. These should address the gaps and training needs of the oral health workforce for your targeted community.

- Use and cite demographic data as part of the descriptions and explanations above, as applicable.

Approach

See merit review criterion 2: Response

- Tell us how you'll address your stated needs and meet the program requirements and expectations described in this NOFO.
- Describe how you will provide training in practice efficiencies, quality, and risk reduction to provide trainees with increased quality of the services they provide, a wider skillset, and the speed needed to succeed in CBO practice environments.
- Explain how you will provide professional mentorship along with an educational curriculum designed to fit the oral health needs of rural, underserved, and/or health disparity patient populations.
- Describe how you will include training in quality assessment/quality improvement systems and risk management processes appropriate for CBOs.
- Describe how you will provide and promote staff training, teamwork, and information sharing.
- Describe strategies for outreach to and collaboration with patients, families, and communities.
- If you plan to use subawards or contracts, describe how you will document your spending and make sure funds are used appropriately.

High-level work plan

See merit review criterion 2: Response

- Describe how you will achieve each of the objectives during the period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each.
- As needed, identify how key stakeholders will help plan, design, and carry out all activities.
    - Include the extent to which these stakeholders address the needs of the populations and communities served.
    - Include a more detailed work plan in your Standardized Work Plan (SWP). See the other required standard forms.
    - Provide a chart of primary trainees and other health care trainees in attachment 7.
    - Describe your plans for trainee recruitment, retention and placement in community-based settings in underserved areas.

- Explain your strategies to improve trainees' cultural competence to meet the needs of underserved communities.
- Include strategies 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.
- If it applies, include a plan to distribute reports, products, or project outputs to target audiences.
- Describe activities that will address trainees' training in population health and cultural competence including CLAS.
- If you propose a master's of public health for trainees, include details about how this will operate.

Resolving 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. Include potential challenges recruiting trainees and faculty.
- Explain approaches that you'll use to resolve them.

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.
- **Performance measurement and reporting**. See HRSA's Postdoctoral Training in General, Pediatric and Public Health Dentistry manual for performance measure requirements and examples of reporting forms.
  - Describe how you will collect and report required performance data accurately and on time.
  - Describe how you will manage and securely store data. Describe how you will monitor and analyze performance data to support continuous quality improvement.
  - **Tracking program participants.** Include how you will collect and report participants' NPI numbers.
  - Describe your process to track trainees after program completion for up to 1 year. This includes trainees' employment; whether they practice general dentistry, pediatric dentistry, or dental public health; and if they practice in a setting serving rural, underserved, and/or health disparity populations.

- **Program evaluation.** Describe your plan to evaluate the program. The evaluation should examine processes and progress toward goals, program 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. 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 and assess whether your dissemination plan is effective.
  - How you will assess whether the results are national in scope, and whether the program can be replicated in other settings.

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 project with invested stakeholders. 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 organizational chart as attachment 2.

- Discuss how you'll follow the HRSA-approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe how you'll assess the unique needs of the trainees you serve.
- Describe any 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 8.

Include a staffing plan and job descriptions for key faculty and staff in attachment 4. You will also include biographical sketches for key staff using the Research & Related Senior/Key Person Profile form. See the other required standard 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 supply 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.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA 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 the other required standard forms. The merit review committee reviews both. Your budget should show a well-organized plan.

Reminder: Indirect costs for training awards cannot exceed 8% of modified total direct costs.

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 the funding policies and limitations.

Your budget should also include travel support for the project director and, optionally, one other person from your organization to attend up to four grantee meetings (approximately one per year in project years 1 through 4), each held over two days in the Washington, DC, area.

To create your budget justification narrative, see detailed instructions in section 3.1.5 of the Application Guide .

Follow these additional instructions specific to this NOFO.

Participant and trainee support costs

Participant or trainee support costs:

- List tuition, fees, health insurance, stipends, travel, and other costs.
- Identify the number of trainees.
- Separate these costs from others so we can identify them easily.
- Include a subtotal titled “Total trainee support costs” with the summary of these costs.

Preceptor costs

Preceptors can be either your employees, contractors, or consultants. Preceptor costs are unique and different than trainee costs, which are for your students. Allowable preceptor costs may include:

- Stipends (other than to employees).
- Percent of salary (for employees).
- Continuing education, other trainings, and related fees.
- Travel.

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

Other preceptor requirements include:

- 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 consultant or contractor, list those costs under Section F, Other Direct Costs. Include the number of preceptors in your budget narrative.

Consultant services

Identify each consultant, the services they will perform, the total number of days they will work, travel costs, and the total estimated costs.

Attachments

Place your PDF attachments in order in the Other Attachments form. All attachments count toward the page limit.

Attachment 1: Accreditation documentation

Required.

You must provide documentation of your CODA accreditation, probationary accreditation, or other program approval. 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.

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

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

If applicable.

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.

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. It must include the role, responsibilities, and qualifications.

Attachment 5: Maintenance of effort documentation

Required.

Specify the non-federal funds that support proposed activities. These include cash, in-kind, or other contributions. Do not include any federal funds. See the maintenance of effort requirement.

Use the sample format below to provide the maintenance of effort documentation.

FY Before Application: Actual Non-Federal Expenditures	**First FY of Award:** Estimated Non-Federal Expenditures
$	$

Attachment 6: Funding priority documentation

If applicable.

Provide documents that prove you qualify for your chosen funding priorities.

See Selection process for information about how these apply.

Attachment 7: Training chart

Required.

Provide a training chart that details the number of primary trainees and other health care trainees you plan to train every year:

- The number of primary trainees in general dentistry, pediatric dentistry, and dental public health you propose to train each year.
- The number of primary trainees you expect to complete the program each year.
- The number of primary trainees who are underrepresented minorities you propose to train each year, if applicable.
- The number of primary trainees from rural or disadvantaged backgrounds you propose to train each year, if applicable.
- The number of veterans you propose to train each year, if applicable.
- The estimated number of primary trainees receiving public health training each year.
- The estimated number of primary trainees you will train each year to work collaboratively with other health professionals.

- The estimated number of other health professions trainees, by discipline, that will receive training alongside your primary trainees each year.
- The number and disciplines of other health professionals trained by your primary trainees each year to address oral health needs.

Attachment 8: Letters of support

If applicable.

You may provide letters of support from organizations or departments involved in the proposed project. Please include letters describing in-kind contributions in this attachment.

Letters of support can also be from people within your institution who can speak for the organization or department, such as a CEO or chair.

The writers of these letters should indicate an understanding of and commitment to the project.

The writers should sign and date their letters of support.

Attachment 9: Progress report for competing continuation applications

If applicable. Not scored during merit review.

If your application is to request continued funding for a project that is in the final budget period of a period of performance, you must include a progress report as an attachment. If you do not receive an award under this NOFO, you will still need to submit the report through the usual processes.

Your progress report should briefly present your accomplishments related to the program objectives during the current period of performance. Include:

- The period covered.
- Specific project objectives.
- The program activities conducted for each objective.
- Positive or negative results or technical problems.
- A table showing the number of primary trainees slots available and the number of trainee slots filled for the last four years of the program.

Here is a sample template.

Year	Number of Primary Trainees Slots Available	Number of Primary Trainee Slots Filled
Year 1		
Year 2		
Year 3		
Year 4		

Attachment 10: Documentation of clinical longitudinal rotations

If applicable.

- Provide a table showing the clinical training site names and the average number of trainees who will train at each site in each year of the program. Here is a sample template.

	Rotation Site Name	Rotation Site Address (Street, town, state, extended zip code)	Average Number of Trainees Per Location Per Year
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			

Attachments 11 to 15: Other relevant documents

If you have additional material to submit, such as explanations of mandatory disclosures.

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.

Only what you attach to these forms counts against the page limit. The forms themselves do not count

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, with application.
Project/Performance Site Location(s) form	Yes, with application.
Disclosure of Lobbying Activities (SF-LLL) form	If applicable, with the application or before the award.
BHW program-specific data form	Yes, with application.

Form instructions

SF-424 R&R form

Does not count toward the page limit.

This is your application for federal assistance. Follow the instructions in Section 3.1.1 of the R&R Application Guide.

Research and Related Other Project Information

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 the 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.
- Select your organizational priorities that best fit the objective. Write "health equity" in the "Other Priority Linkage" section if your objectives or sub-objectives align with this priority.
- Enter this NOFO's goal: "To increase the number of primary care dentists working in community-based organizations serving rural and/or underserved communities."
- Enter four program objectives. You must copy exactly the language of the four program objectives listed in the section of this NOFO.

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 the project narrative, organizational information, follow these instructions.

- Include biographical sketches for people who will hold key positions.
- Try to use no more than two pages per person.
- Do not include personally identifiable information.
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- 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 committees.
- 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. If applicable, include language fluency and experience working with populations that are culturally and linguistically different from their own.

Please note, 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, select “Add Period” to move to the next.

R & R Subaward Budget Attachment(s) form

Counts toward the page limit.

You will also complete the R & R Subaward Budget Attachment form for each subaward you propose. These include subcontracts.

To complete the budget forms, follow the instructions on 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

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

Follow the form instructions on Grants.gov.

Disclosure of Lobbying Activities (SF-LLL) form

Does not count toward the page limit

Follow the form instructions on Grants.gov.

BHW Program Specific Data Form

Does not count toward the page limit.

Follow the form instructions on Grants.gov.

Step 4: Learn About Review 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.

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	10 points
2. Response	30 points
3. Impact	30 points
4. Resources and capabilities	15 points
5. Support requested	15 points

Criterion 1: Purpose and need (10 points)

See project narrative Introduction and purpose and Need sections.

The panel will review your application for how well it:

- Describes the problem and its contributing factors, including the gaps and training needs in the current oral health care workforce of your targeted community.
- Describes the efforts you will make to address the non-academic barriers to trainees' access to education and success in your program.
- Provides a plan that targets learning disparities and expands learning opportunities to support students from disadvantaged backgrounds.
- Describes how you will integrate population health training so that trainees will be able to identify successful approaches to reduce oral diseases in their patient population.

Criterion 2: Response (30 points)

See project narrative Approach, High-level work plan, and Resolving 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 the training in practice efficiencies, quality, risk reduction, and a broader skill set needed to succeed in community-based practice environments.
- Describes the mentored professional experiences and didactic curriculum that will enable trainees to meet oral health needs of rural, underserved, and/or health disparity populations.
- Describes how you will integrate training in quality assessment/quality improvement systems and risk management processes.
- Describes your system of risk assessment and management so that patients needing the most care receive priority for treatment and prevention.
- Provides detailed steps to achieve each of the program objectives that relate to the project. Objectives are specific, measurable, realistic, and achievable.
- Describes how the proposed project incorporates eight or more weeks of trainees' clinical training at CBOs.
- If you plan to use subawards or contracts: Describes how you will document and make sure you use funds appropriately.

High-level work plan (10 points)

The panel will review your application for how well it:

- Describes activities that will address the problem and meet project objectives.
- Describes plans to recruit, retain, and help place trainees in community-based settings in rural and/or underserved areas.
- Explain your strategies to improve trainees' cultural competence to meet the needs of rural and/or underserved communities. This includes strategies 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.
- Includes timelines with each activity and who is responsible for each.
- Describes key partners' involvement and how you will coordinate carrying out proposed activities.

- Provides a training chart as attachment 7, describing the number and disciplines other trainees that you plan to train through the proposed activities.
- Describes your plans to share reports, products, or project outputs, including written and oral communications, to target audiences.

For dental public health residencies only.

- Describes activities that will provide trainees with the skills to assess population health needs and use data to drive health programs and system processes.

If you propose a master's of public health for trainees:

- Identifies the schools of public health you are partnering with, describes how this collaboration will operate, and explains how you will determine trainees' eligibility for support.

Resolution of challenges (5 points)

The panel will review your application for how well it describes the challenges you may face during project implementation. This includes the quality of your plan to deal with such challenges, including recruiting trainees and faculty.

Criterion 3: Impact (30 points)

See project narrative Performance reporting and evaluation and Sustainability sections.

Performance reporting and evaluation (20 points)

The panel will review your application for how well it:

- Proposes an effective project that is likely to have a strong public health impact on the community or target population.
- 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 whether program objectives have been met and to what extent the results are because of the project.
- Describes how you will collect trainees' demographics.
- Describes how you will collect information on trainees' rural and disadvantaged backgrounds, as defined in the Health Workforce Glossary.
- Presents a detailed 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 trainees and collect employment data 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 how you propose to address them.

Sustainability (10 points)

The panel will review your application for how well it:

- Proposes a plan for sustaining the project beyond the federal funding.
- Describes likely challenges to be encountered in sustaining the program and describes logical approaches to resolving the challenges.

Criterion 4: Resources and capabilities (15 points)

See the project narrative Organizational information and Performance reporting and evaluation sections.

The panel will review your application to determine whether:

- Project staff have the training or experience to carry out the project. You have the capabilities to fulfill the needs of the proposed project.
- The application documents the mission of the applicant organization.
- The application provides a staffing plan as attachment 4 and project organizational chart as attachment 2 that document the qualifications of the project staff. You provide evidence of institutional support. These can include letters of agreement in attachment 3, letters of support in attachment 8, or in-kind contributions of faculty and instructors, consultants, staff and resources, and other partners provided in attachment 8.
- The application demonstrates program capacity to provide the academic partnerships and community resources needed for trainees to meet the required competencies and clinical training experiences.
- You have adequate facilities available to fulfill the needs of the proposed project.

Criterion 5: Support requested (15 points)

See the Budget and budget narrative section.

The panel will review your application to determine whether:

- The proposed budget includes each year of the period of performance and is reasonable.

- Costs, as outlined in the budget and required resources sections, align with the scope of work.
- Key staff have adequate time devoted to the project to achieve project objectives.

Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards 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 HRSA-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities listed.

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. 293k-2(c), sec. 748(c) of the Public Health Service Act. A funding priority adds points to merit review scores if we determine that the application meets the criteria below. Qualifying for a funding priority does not guarantee that your application will be successful. You may apply for more than one priority, but you cannot receive more than eight priority points. HRSA staff will review, approve, or deny priority points during the application review process.

You will provide documentation of your eligibility for the funding priorities in attachment 6. You will also state in your abstract which funding priorities you are applying for, if any.

Priority 1: Collaborative project (1 point)

We will give you a funding priority if your application includes either:

- A collaborative project between a department of general, pediatric, or public health dentistry and a department of primary care medicine, or
- Interprofessional collaboration between such departments at the applicant organization and participating CBOs.

Priority 2: Discipline retention (1 point)

We will give you a funding priority if people who have completed your residency training program (program completers) enter and remain in the practice of primary care dentistry. There are two ways to qualify.

Record of training

To qualify under this method, 90 percent or more of people who completed your program and started practicing primary care dentistry in the last two academic years are still practicing primary care dentistry. You must provide a letter from the dean or program director of the program including this percentage.

You can use the following formula to calculate this percentage.

$$Percentage\ in\ primary\ care\ practice = \left(\frac{N2023 + N2024}{D2023 + D2024}\right) \times 100$$

N2023 = Number of program completers in primary care practice settings in AY 2022-23.

N2024 = Number of program completers in primary care practice settings in AY 2023-24.

D2023 = Total number of program completers in AY 2022-23.

D2024 = Total number of program completers in AY 2023-24.

Significant improvement

To qualify under this method, you must demonstrate your program has achieved an increase of 50% or more in the percentage of completers in primary care practice.

Note: New programs that did not have program completers in academic years 2021-22 and 2023-24 are not eligible for this priority due to the absence of baseline data.

To calculate the rate of discipline retention, use these variables and calculate the following formula.

N2024 = Number of program completers in primary care practice in AY 2023-24.

D2024 = Total number of program completers in AY 2023-24.

N2022 = Number of program completers in primary care practice in AY 2021-22.

D2022 = Total number of program completers in AY 2021-22.

$$Percentage\ point\ increase = \left(\frac{N2024}{D2024} - \frac{N2022}{D2022}\right) \times 100$$

Priority 3: Student background (1 point)

We will give you a funding priority if 25 percent or more of your total current residency trainee population is from a rural background, a disadvantaged background, or an underrepresented minority. You can only count each resident once when making the calculation.

Numerator = Number of currently enrolled trainees who are underrepresented minorities or from rural or disadvantaged backgrounds.

Denominator = Total number of currently enrolled trainees.

To calculate the percentage, please use this formula:

$$Percentage = \frac{Numerator}{Denominator} \times 100$$

Priority 4: Formal relationships (1 point)

We will give you a funding priority if you have an established relationship between a community-based organization, rural health center, or accredited teaching facility that trains students, residents, fellows, or faculty at the center or facility.

Priority 5: Vulnerable populations (1 point)

We will give you a funding priority if you propose a teaching program targeting vulnerable populations such as older adults, people experiencing homelessness, victims of abuse or trauma, people with mental health or substance use disorders, people with disabilities, or people with HIV/AIDS. The program must also teach risk-based clinical disease management of all populations. The proposed activities must be a focus of your application.

Priority 6: Cultural competency and oral health literacy (1 point)

We will give you a funding priority if your project includes educational activities in cultural competency and oral health literacy.

Priority 7: Placement in practice settings (1 point)

We will give you a funding priority if your program completers practice in settings serving underserved or health disparity populations. If you request this priority, you must include a list of those graduates' NPI numbers and the addresses where they work so we can verify their place of employment. There are two ways to qualify.

High rate

To qualify under this method, the percentage of program completers who practiced at such a setting over AY 2022-23 and 2023-24 must be 40 percent or greater. You must provide a letter from the dean or program director of the applying training program stating this. The letter must include the percentage.

N2023 = Number of program completers who practiced at a setting serving underserved areas or health disparity populations in AY 2022-23.

N2024 = Number of program completers who practiced at a setting serving underserved areas or health disparity populations in academic year 2023-24.

D2023 = Total number of program completers in AY 2022-23.

D2024 = Total number of program completers in AY 2023-24

To calculate the rate of placement in practice settings, follow this formula:

$$High\ rate = \frac{N2023 + N2024}{D2023 + D2024} \times 100$$

Significant increase

To qualify under this method, the percentage of program completers practicing at a setting serving underserved areas or health disparity populations must have increased by 20 percentage points or more from AY 2021-22 to 2023-24. You must provide a letter from the dean or program director of the applying training program at your institution. The letter must include the actual percentage.

Note: New programs that had no program completers in these academic years are not eligible for this priority due to the absence of baseline data.

N2024 = Number of program completers who practiced at a setting serving underserved areas or health disparity populations in AY 2023-2024.

D2024 = Total number of program completers in AY 2023-2024.

N2022 = Number of program completers who practiced at a setting serving underserved areas or health disparity populations in AY 2021-2022.

D2022 = Total number of program completers in AY 2021-2022.

To calculate the difference in percentages, please use the formula below:

$$Percentage\ point\ increase = \left(\frac{N2024}{D2024} - \frac{N2022}{D2022}\right) \times 100$$

Priority 8: Special populations (1 point)

We will give you a funding priority if you propose to establish either:

- An oral health care education center for special populations, **or**
- A didactic and clinical education training program for dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, or significant physical limitations, or vulnerable elderly.

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

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

Application

You must submit your application by March 18, 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. 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:

Component	How to upload	Included in page limit*?
☐ **Project Abstract**	Use the Project Abstract Summary Form.	No
☐ **Research and Related Other Project Information**		Only the attached project narrative
☐ **Research and Related Budget**		Only the attached budget justification
Attachments		
☐ 1. Accreditation documentation		Yes
☐ 2. Project organizational chart		Yes
☐ 3. Letters of agreement, MOAs, and contracts		Yes
☐ 4. Staffing plan and job descriptions		Yes
☐ 5. Maintenance of effort documentation		Yes
☐ 6. Funding priority documentation		Yes
☐ 7. Training Chart		Yes
☐ 8. Letters of support		Yes
☐ 9. Progress report for competing continuation applications		Yes
☐ 10. Documentation of clinical longitudinal rotations		Yes
☐ 11-15. Other relevant documents		Yes
☐ SF-424 R & R (Application for Federal Assistance)		No
Other required forms		
☐ Standardized Work Plan (SWP)		No

Component	How to upload	Included in page limit*?
☐ Research and Related Senior/Key Person Profile (Expanded)		No
☐ R & R Subaward Budget Attachment(s)		Yes*
☐ Project/Performance Site Location(s)		Yes*
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ BHW program-specific data form		No

* Only what you attach to these forms counts against the page limit. The forms themselves do not count.

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. 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, Supply.
  - 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. 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.

Nondiscrimination 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

The 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 personally identifiable information (PII) or protected 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 HHS's Knowledge on Demand.
- Use multifactor authentication for all users accessing HHS systems.
- Regularly back up and test sensitive data.

Detect:

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

Respond:

- Create an incident response plan. See CISA's Incident Response Plan Basics [PDF] 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 in Section 4 of the R&R Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Submit a performance report annually via the Electronic Handbooks (EHBs).
- 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.
- Submit the annual performance report, which collects data on all academic year activities from July 1 to June 30, 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 to collect the remaining performance data. This report is due within 120 days after the period of performance ends.
  - You can find examples of annual performance reports 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 NOA.

- Submit a quarterly progress update at the end of each quarter. It will be automatically generated. This update allows you to report progress on activities in your work plan.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Jennifer Holtzman, D.D.S., M.P.H.
Dental Officer, Bureau of Health Workforce
Email your questions to: JHoltzman@hrsa.gov
Call: 301-945-3368

Financial and budget

John Gazdik
Grants Management Specialist
Email your questions to: JGazdik@hrsa.gov
Call: 301-443-6962

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.

Helpful websites

- HRSA Grants
- HHS Tips for Preparing Grant Proposals
- Bureau of Health Workforce Glossary

Appendix: Program-Specific Definitions

- **Community-based organization:** A community-based, ambulatory patient care center that operates a primary care dentistry training program. These include:
  - Federally qualified health centers (FQHCs).
  - Rural health clinics.
  - Health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations.
- **Other health care trainees**: Trainees in other professions (such as medical residents or nursing students) who will train alongside or be trained by the primary trainees as part of the interprofessional training.
- **Primary trainees**: Residents and fellows who are being trained through the proposed project.
- **Underrepresented minorities**: Racial and ethnic populations who are underrepresented in the health professions relative to the total number of members of the population.

Endnotes

1. https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=4&year=2022 . Accessed 12.4.2024 ↕
2. Health Center Patient Survey ↕
3. Accessed 12.4.2024 ↕
4. https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2022 . Accessed 12.4.2024 ↕