

Notice of Funding Opportunity

Application due April 1, 2025



Health Resources & Services Administration

Bureau of Health Workforce








Division of Nursing and Public Health

Behavioral Health Workforce Education and Training Program for Paraprofessionals

Opportunity number: HRSA-25-066



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on April 1, 2025.



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



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

Bureau of Health Workforce

Division of Nursing and Public Health

Develop and expand training for students preparing to be mental health workers, peer support specialists, and other behavioral health paraprofessionals.

Summary

The Behavioral Health Workforce Education and Training (BHWET) Program for Paraprofessionals works to develop and expand community-based experiential training such as field placements and internships to increase the skills, knowledge and capacity of students preparing to become mental health workers, peer support specialists, and other behavioral health paraprofessionals.

A special focus is placed on developing knowledge and understanding of children, adolescents, and transitional-age youth (young adults) who have experienced trauma and are at risk for behavioral health disorders, including anxiety, depression, and substance use disorder.

Funding details

Application types: New, competing continuation

Expected total available funding in FY2025: \$10.9 million

Expected number and type of awards: Approximately 29 grants

Funding range per award (including both direct and indirect costs):

- Up to \$350,000 per year for programs only implementing Level 1: Pre-service training.
- Up to \$500,000 per year for programs implementing Level 1: Pre-service and Level 2: In-service training.



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

Key facts

Opportunity name:
Behavioral Health Workforce
Education and Training
Program for
Paraprofessionals

Opportunity number:
HRSA-25-066

Announcement version:
New

Federal assistance listing:
93.732

Statutory authority:
[Section 756\(a\)\(4\) of the
Public Health Service Act \(42
U.S.C. § 294e-1\)\(a\)\(4\)](#)

Key dates

NOFO issue date:
January 15, 2025

Informational webinar:
Get details on the technical
call at the [program website](#).

Application deadline:
April 1, 2025

Expected award date is by:
September 1, 2025

Expected start date:
September 1, 2025

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

We plan to fund awards in four 12-month budget periods for a total 4-year period of performance of September 1, 2025, to August 31, 2029. Your request for years 2, 3, and 4 cannot exceed your year 1 request.

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

Eligibility

Who can apply

You can apply if you are a state-licensed mental health nonprofit or state-licensed mental health for-profit organization. Such state licensed organizations include government agencies or other organizations within a state that are legally permitted to offer training programs related to mental health and substance abuse treatment, such as a state-run mental health department, a public university with a psychology program, or a county-level behavioral health agency that is officially designated to provide such training. Eligible entities may also be academic institutions, such as universities, community colleges, technical schools, and domestic faith-based and community-based organizations.

Types of eligible organizations

These types of domestic organizations may apply, if otherwise eligible. Domestic means located in the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau:

- Public institutions of higher education
- Private institutions of higher education
 - These may include universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.
- Nonprofits with or without a 501(c)(3) IRS status
- Faith-based and community-based organizations
- Hospitals
- HRSA-funded health centers and Federally Qualified Health Centers (FQHCs)
- Rural health clinics
- Other community-based clinical settings
- State, county, city, township, and special district governments
- Native American tribal governments
- Native American tribal organizations

Behavioral Health Workforce Education and Training for Paraprofessionals award recipients with funding that ends on August 31, 2025 can apply as a “Competing Continuation” applicant, so long as there is not a change in scope. Previous BHWET for

Paraprofessionals recipients whose funding ended before September 1, 2021 should apply as a “New” applicant.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

- Your training program must be either:
 - Accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education,
 - OR
 - Approved by a state or tribal government to provide a behavioral health-related training program.
- You must provide a copy of your active accreditation or active approval from state government as [Attachment 1](#).
- We will not consider any application that fails to submit active accreditation or active approval from state government as [Attachment 1](#).
- You must maintain your accreditation or state approval status throughout the period of performance and notify us of any change in status.

Trainee eligibility

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

- A U.S. citizen or non-citizen national.
- An individual lawfully admitted for permanent residence to the United States.
- Any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended.

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 [documentation of accreditation](#) or approval.

Application limits

You may not submit more than one application per Unique Entity Identifier (UEI). If you submit more than one application under the same UEI, we will only accept the last on-time submission.

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 does not have a cost-sharing requirement.

Program description

Purpose

The purpose of the BHWET Program for Paraprofessionals is to develop and expand community-based experiential training such as field placements and internships to increase the skills, knowledge and capacity of students preparing to become mental health workers, peer support specialists, and other behavioral health paraprofessionals.

The program has a special focus on developing knowledge and understanding of the needs of children, adolescents, and transitional-age youth who have experienced trauma and are at risk for behavioral health disorders including anxiety, depression, and substance use disorder. The program also emphasizes developmental opportunities and educational support in interprofessional collaboration by using team-based care in integrated behavioral health and primary care settings to improve the distribution of a well-trained behavioral health workforce. The program also aims to recruit a workforce that is interested in serving high need and high demand areas.

For the purpose of this NOFO, all training will be separated into two levels:

- Level 1: Pre-service: Includes didactic and experiential field training.
- Level 2: In-service (optional): Training at a registered Department of Labor apprenticeship site.

All paraprofessional training that does not fall under the definition of a registered apprenticeship will be defined as Level 1: Pre-service training as further explained in [Program Requirements and Expectations](#).

Registered apprenticeships (Level 2) are not a program requirement. You are not required to implement Level 2 in your proposal to be considered eligible for this program. If you are implementing Level 2 in your proposed training project, you can receive an additional 5 points in Criteria 2: Response/Approach.

Background

The United States continues to face both a mental health and substance use disorder crisis. In 2022, among adults 18 years of age or older, an estimated 32.9 percent (or 84.2 million people) had either any mental illness (AMI) or a substance use disorder (SUD).^[1] According to the Centers for Disease Control and Prevention, an estimated 107,543 drug overdose deaths occurred in the United States during 2023 — a decrease of 3 percent from the 111,029 deaths estimated in 2022. This is the first annual decrease in drug overdose deaths since 2018.^[2]

For children and adolescents, it is estimated that 3.6 percent of 10- to 14-year-olds and 4.6 percent of 15- to 19-year-olds experience an anxiety disorder.^[3] Depression is estimated to occur among 1.1 percent of adolescents aged 10 to 14 years, and 2.8 percent of 15- to 19-year-olds.^[4] While rates of substance use among young people have remained stable over the past few years, overdose rates among teens have continued to rise.^[5] The rise in child and adolescent behavioral health concerns has led to the need for an expanded workforce to meet the needs of our nation's families.^[6] Addressing better access to prevention, treatment, and recovery services is one of the strategies to improve these statistics and remains a priority for behavioral health workforce programs.^[7]

The BHWET Program for Paraprofessionals plays a vital role in this effort. The need for behavioral health paraprofessionals, including peer support specialists, mental health workers, recovery coaches, and community health workers is critical, particularly in underserved communities.^[8] They provide crucial support to individuals with behavioral health needs by offering accessible, community-based assistance, often acting as a bridge between clients and licensed professionals, helping to address social needs, teach coping skills, and increase engagement in treatment.^[9] Peer paraprofessionals in particular have proven to be impactful in the areas of adult behavioral health disorders, and for persons with chronic medical conditions.^[10] Peer paraprofessionals are increasingly being hired not only for their unique ability to use their personal lived (and living) experience, but also to cover gaps left by the shortage of other mental health care professionals, particularly in underserved communities.^[11]

This program aims to meet these needs by providing trainees the opportunity for tuition and stipend support, didactic and experiential training, combined with the opportunity for on-the-job training in a registered apprenticeship program. Research shows that registered apprenticeship programs are an evidence-based approach to help individuals build technical skills and gain quality employment.^[12] Registered apprenticeship programs can be a viable and accessible pathway into behavioral health careers, which in turn could improve the availability of services and positive outcomes for those impacted by substance use disorders.^[13] In addition, behavioral health paraprofessional apprenticeship programs provide unique career opportunities through classroom learning and field placements, development of skills, and access to expert staff, facilitators, and training instructors in SUD prevention, treatment, and recovery services.^[14] This will enable individuals with the skills and interest in these behavioral health occupations to obtain education, credentials, and meaningful employment.^[15]

Access to treatment for behavioral health conditions relies, in part, on the supply of available providers.^[16] Studies have shown that providing didactic, experiential training opportunities in underserved communities can influence providers to practice in those communities, and educating and engaging trainees who are from high need

and high demand areas can increase the chances that they will practice in those areas in the future.^[17]

Program goal

Develop and expand community-based experiential training to increase the skills and knowledge of individuals preparing to become mental health workers, peer support specialists, and other behavioral health paraprofessionals.

Program objectives

- Establish and enhance relationships with community-based partners to expand and improve access to quality behavioral health services in high need and high demand areas.
- Promote collaborative training by using team-based models of care in integrated or interprofessional behavioral health and primary care settings.
- Recruit a workforce interested in working with children, adolescents, and transitional-age youth in high need communities.

Program requirements and expectations

You must address the following in your application and meet these expectations if you receive an award.

- Provide a Level 1 pre-service training program, including didactic and experiential field training.
- Provide required tuition and stipend support to Level 1 pre-service and, as applicable, Level 2 in-service trainees, for no less than 6 consecutive months and no more than 12 consecutive months (or 24 months for part-time students).
 - A special focus on paraprofessional child and adolescent mental health workers in Level 1 and Level 2 training is encouraged, including training to increase skills and capacity to meet the needs of children, adolescents, and transitional-age youth who have experienced trauma.
- Recruit individuals for training as mental health workers, peer support specialists, and other behavioral health paraprofessionals interested in serving high-need and high-demand areas.
- Improve trainees' cultural competence to meet the needs of underserved communities. Provide training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
- Demonstrate knowledge and understanding of the concerns of the population served, especially individuals with mental health disorder symptoms or diagnoses, particularly children, adolescents, and transitional-age youth.

- Establish or leverage partnerships with community-based organizations and tribal colleges to provide experiential training, career development, and job placement following completion of training.
- Enhance existing certificate training programs with curriculum development or other improvements, including experiential learning in the form of field placements or internships.
- Incorporate technology integration by providing options for distance learning, didactic and experiential training activities, and telehealth services, and by increasing digital health literacy.
- Promote the integration of behavioral health into primary care, school-based, and interprofessional settings to improve access to quality behavioral health services in high need and high demand areas.
- Conduct continuous quality improvement and program evaluation at completion of the period of performance.
- Participate in federally designed evaluations to assess program effectiveness upon request.
- Collaborate regularly with other BHWET Program for Paraprofessionals grant recipients to leverage resources and enhance interprofessional training opportunities.

Level 2: In-service training/apprenticeship (optional)

- If implementing Level 2 in-service training, aim for at least 35 percent of those who complete Level 1 pre-service training to enter a Level 2 in-service registered apprenticeship program for each year of the grant. You will serve as the conduit between the Level 1 step and the apprenticeship training program.
- Level 2 in-service training consists of an apprenticeship with on-the-job training that happens after Level 1 pre-service training. This model combines on-the-job training with instruction and emphasizes team-based practices to attain skills that meet [national standards](#). The model also involves progressive increases in an apprentice's wages.
- You can develop your own registered apprenticeship program or establish a partnership with an existing registered apprenticeship program that has been registered with the Department of Labor or a state apprenticeship agency. Tribes or tribal organizations may request to use the Indian Health Service Community Health Aide Program model of apprenticeship.

- You must provide a fixed stipend of \$8,500 per year for full-time Level 2 in-service trainees during their apprenticeship for up to one year. Part-time trainees in Level 2 will receive a fixed stipend of \$4,250 per year, up to a maximum of 2 years. You will determine full-time and part-time status.
- You must include a Memorandum of Understanding with Level 2 in-service registered apprenticeship sites as [Attachment 11](#).
- If, at the time you submit your application, you have not yet established a relationship with a registered apprenticeship site, you will be allowed a maximum of 12 months from the date of your award to enter into an MOU and submit it to HRSA.

Award information

Funding policies and limitations

Policies

- We will only make awards if this program receives an appropriation. Current funding is provided for a portion of the year under a continuing resolution. Depending on the funding level Congress appropriates funds for this purpose, we will determine whether we move forward with the review and award process, as well as the number of projects that can be funded.
- 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 than planned 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.

42 U.S.C. § 295n-2(b) (Section 797(c) of the Public Health Service (PHS) Act) requires this. We will enforce these statutory requirements through all available mechanisms. You must provide supporting documentation in [Attachment 6](#).

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 2025, the salary rate limitation is \$225,700. Note this limitation may be updated.

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\(c\)](#), indirect costs for training awards cannot exceed 8 percent of modified total direct costs.

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

Program income

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



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

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

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

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

Grants.gov

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

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-066.

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

Application writing help

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

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

Join the webinar

We will hold a pre-application technical assistance (TA) webinar. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

Visit the HRSA Bureau of Health Workforce's [open opportunities](#) website to learn more about the resources available for this funding opportunity.



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

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

Application page limit: 60 pages

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

Make sure you include each of these:

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

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

Required format

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

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When applicable, identify if you are requesting a funding priority or preference. For more information, see section 3.1.2 of the [R&R Application Guide](#).

Project narrative

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

Use the following section headers in the order as listed.

Introduction and purpose

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

- Briefly describe the purpose of your project.
- Briefly describe the behavioral health workforce needs of the local community, including the patient populations served at the Level 1 pre-service and Level 2 in-service training sites (as applicable).
- Describe the services that trainees will provide to address these needs.
- Include the efforts you will make to address the non-academic barriers to trainee's access to education and success in your program. Trainees include students and program participants. These barriers might include:
 - Physical and mental health
 - Psychological health
 - Physical environment
 - Social environment
 - Gaps in foundational knowledge
 - Economic stability
 - Access to services (for example, transportation, career development, and accessibility services)
- Propose an actionable framework that targets learning disparities and expands learning opportunities to support diversity, equity, and inclusion. This framework may include recruitment of students in high need and high demand areas.

Need

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

- Describe trainees and their unmet needs this program will address. Trainees include students and program participants.
- Discuss any relevant barriers to trainees' access to education and success in your program. These barriers might include physical and mental health, social environment, gaps in foundational knowledge, economic stability, and access to services (for example, transportation, career development, and accessibility services).

- Describe the gaps in service that trainees will provide to address the identified needs to implementing your program.
- 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 prepare trainees to work on integrated or interprofessional teams to provide services to children, adolescents, and transitional-age youth who have experienced trauma and are at risk for mental health disorders.
- Describe how you will recruit trainees interested in working with children, adolescents, and transitional-age youth in high need and high demand areas.
- Describe how you will enhance the existing paraprofessional certificate program(s) through curriculum development or enhancement and inclusion of experiential learning in the form of field placements or internships. Provide supporting documentation of certificate training curriculum, courses, and prerequisites as [Attachment 7](#).
- Explain how you will develop and deliver experiential and didactic coursework to develop interprofessional team competency.
- Discuss how you will identify supervisors or mentors to support trainees.
- Explain your strategies to improve trainees' cultural competence to meet the needs of underserved communities. Include those that increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
- Provide a student commitment letter template in [Attachment 4](#).
- As applicable, describe a strategy to help trainees who complete Level 1 pre-service training to transition into a Level 2 in-service registered apprenticeship program and how you will aim for at least a 35 percent rate of transition into Level 2 from Level 1.
- Describe how you will implement a disbursement plan for both Level 1 pre-service training and, as applicable, for Level 2 in-service training support.
- Include the disbursement schedule of that support and be consistent with your institution's policies and procedures. The difference between Level 1 pre-service disbursement and Level 2 in-service disbursement (as applicable) should be clear.

- If implementing Level 2 in-service training, discuss how you will identify registered apprenticeship sites or create new registered apprenticeship sites and place trainees in those sites.
- If it applies, explain how you will provide “on-the-job training” through a registered Level 2 in-service apprenticeship program.

Table 1: Experiential training sites

Site name	[Site 1]	[Site 2]	[Site 3]	[Site 4]
Address				
Number of trainees				
Work hours per trainee				
Offers tele- behavioral health services (yes/no)				
Integrates behavioral health into primary care (yes/no)				
Has interprofessional training (yes/no)				
Mental health or Facility HPSA score of the experiential site, using the Find HPSA Tool				
Geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP), found in the Rural Health Grants Eligibility Analyzer (yes/no)				
School-Based Health Center (SBHC) (yes/no)				

High-level work plan

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

- Discuss your overall work plan.
- Describe how you will achieve each objective during the performance period.
- Provide a timeline that includes each activity and identifies who is responsible for each.
- 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.

- Identify the number, type of paraprofessional, of full-time and part-time BHWET Paraprofessional trainees you expect to train each year of the performance period.
- Identify the methods you'll use to deliver the proposed training.
- Describe how you intend to support program completers in securing employment in high need and high demand areas.

You will also include a more detailed work plan in your Standardized Work Plan (SWP). See [Standard Forms](#).

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. Address challenges related to recruitment, retention, education, training, job placement, and career development of BHWET Paraprofessionals trainees in high need and high demand areas.
- Discuss the anticipated challenges of identifying and collaborating with experiential sites.
- Explain approaches you'll use to resolve the challenges noted above.

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 [BHWET program Reporting 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.
 - Include how you will report and collect National Provider Identifier (NPI) numbers for participants. Project trainees in eligible disciplines must apply for and report on an NPI (as applicable).
 - Describe your process to track trainees after program completion for at least one year.
 - Describe how you will monitor and analyze performance data to support continuous quality improvement.
- Program evaluation. The evaluation should examine processes and progress toward program 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](#). Describe your plan to evaluate the project. Include:

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

See [Reporting](#) for more information.

Sustainability

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

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

Describe the actions you'll take to:

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

Organizational information

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

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Include a project organization chart as [Attachment 2](#). Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe how you'll assess the unique needs of the trainees you serve.
- Describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include key agreements and letters of support in [Attachment 10](#).

- Include a staffing plan and job descriptions for key faculty and staff in [Attachment 5](#).
- You will also include biographical sketches for key staff using the Research & Related Senior/Key Person Profile form. See [Standard Forms](#). There can only be one project director (PD). The PD must be employed by the awarded applicant organization. The PD is encouraged to dedicate approximately 20 percent of their time to grant activities and can be funded in kind or through BHWET-Para grant funding.

Budget and budget narrative

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

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

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

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

In addition, grant funds may not be used for the following:

- Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees.
- Accreditation costs (such as renewals, annual fees, and so on).
- Licensure and exam costs, registration, and administration fees (though funds may be used for licensure preparation training materials).
- Construction.
- Foreign travel.
- Continuing education credits (CE).

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

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

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

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

Participant and trainee support costs

You may request up to \$4,000 per Level I pre-service trainee and up to \$1,500 per Level 2 in-service trainee for participant and trainee support costs (see Table 2). Fifty percent of the total amount requested must be used for tuition, fees, supplies, and stipends only. All other requested support costs must be budgeted out of program management. No more than one year (12 months) of trainee support costs and stipend support is allowed per full-time trainee. Part-time trainees are allowed to receive a stipend prorated at one-half of the fixed amount for no more than two years (24 months).

In your application you must:

- List tuition, fees, supplies, stipends, health insurance, travel, conference fees, and other allowable costs.
- Identify the number of participants and trainees by discipline for each budget year.
- Separate these costs from others so we can identify them easily.
- Include a subtotal entitled "Total Student and Trainee Support Costs" with the summary of these costs.

Student stipends

- You must request a fixed stipend of \$6,000 per Level I pre-service trainee and \$8,500 per Level 2 in-service trainee as stated in [Table 2](#).
- At least 50 percent of your total requested budget (direct and indirect costs) must be used only for stipends and eligible trainee support costs for BHWET Program for Paraprofessionals trainees.
- All other program management costs must be budgeted out of the remaining 50 percent.
- Stipends are allowances for trainees/students to help with cost-of-living expenses. Stipends can be used at the discretion of the trainee/student and are not provided as a condition of employment or to be used for tuition, fees, or other trainee support costs.

- You are not allowed to provide stipends to trainees at less than the amounts specified, but you may choose to provide higher stipend amounts by including funds from other non-federal sources.
- Students receiving stipend support must sign a student commitment letter (see [Attachment 4](#)) where they commit to completing the experiential training.

See [Manage Your Grant](#) for other information on costs and financial management.

Table 2: Student stipends

Training Level	Enrollment status stipend	Fixed	Trainee support (tuition/fees,	Maximum support (stipend and trainee support)	Maximum eligibility for support
Level 1	Part-Time	\$6,000	Up to \$4,000	\$10,000	24 months
	Full-Time	\$6,000	Up to \$4,000	\$10,000	
Level 2	Part-Time	\$8,500	Up to \$1,500	\$10,000	24
	Full-Time	\$8,500	Up to	\$10,000	12

See [Manage Your Grant](#) for other information on costs and financial management.

Administration and Program Management

Fifty percent of your requested budget may be dedicated to grant recipient activities for career development in behavioral health for paraprofessionals to:

- Encourage career progression
- Travel, attendance at conferences
- Preparation for certification exams
- Financial support for the supervision of students in experiential field placement
- Data collection
- Administration and management

Supervisor costs

Supervisors can be either your employee, contractor, or consultant. You can support supervisor costs with this grant. These costs are unique and different than trainee costs, which are for your students. Allowable supervisor costs may include:

- Stipends or allowance (paid as salary for employees or allowance)

- Continuing education, other trainings, and related fees
- Travel

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

- If the supervisor is an employee, specify those costs under section B: Other Personnel, Section D: Travel, and Section F: Other Direct Costs.
- If the supervisor is a consultant or contractor, lists those costs under section F: Other Direct Costs.
- Include the number of supervisors in your budget narrative.

Consultant services

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

Attachments

Place your PDF attachments in order in the Attachments form.

Attachment 1: Proof of Accreditation or State Approval

Required. Counts toward page limit.

You must maintain your accreditation or state approval status throughout the performance period and notify us of any change in status.

Entities qualifying with an active or provisional accreditation:

As Attachment 1, provide documentation of your certificate training program accreditation, or provisional accreditation. Please do not provide only the web link to the accreditation body's website. HRSA will not open any links included in the application. You must submit documentation that:

- Provides a copy of an active accreditation.
- Includes the name of the accrediting body.
- Provides the date of initial accreditation approval.
- Outlines the date of the next expected accrediting or approval body review (or expiration date of current accreditation or approval).
- Provides proof of status if you have provisional accreditation.
- Demonstrates that you are not on probation.

Entities qualifying with approval by a state or tribal government:

As Attachment 1, provide documentation that your organization is approved by a state or tribal government to provide a behavioral health paraprofessional certificate training program. If your state does not provide a formal state license or certification document, please submit documentation (for example, a signed official letter) from your state indicating that your organization is otherwise licensed, certified, or authorized by a state or tribal government to provide training in behavioral health.

Attachment 2: Project organizational chart

Required. Counts toward page limit.

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

Attachment 3: Level 1 Experiential training site documentation

Required. Counts toward page limit.

Provide a description of the training sites as depicted in [Table 1](#) in the [Approach section](#), including the number of hours per week that each trainee will participate in their rotation. Additionally, you will receive five (5) points in review [Criterion 2: Response/Approach](#), if at least one of your training site locations meets the qualification for high need and high demand areas as defined in this NOFO using the [Rural Health Grants Eligibility Analyzer](#) and the [Health Professional Shortage Areas \(HPSA\) Find Tool](#). To validate the data, you must include the specific addresses for the partnering training sites. All data must be appropriately cited as valid at the time of application and are subject to verification.

Attachment 4: Student commitment letter

Required. Counts toward page limit.

Provide a copy of a student commitment letter template. At a minimum the student commitment letter must include:

- Stipend disbursement plan outlining amount of stipend support for each level of training, frequency of disbursement, and length of time receiving support.
- Experiential training requirements or expectations (such as the number of hours and length of time).
- Required data reporting, including, but not limited to, demographics and 1-year post-completion employment status.

Attachment 5: 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. It must include the role, responsibilities, and qualifications.

Attachment 6: Maintenance of effort documentation

Required. Counts toward page limit.

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

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

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

Attachment 7: Documentation of the Certificate Training Curriculum, Courses, and Prerequisites

Required. Counts toward the page limit.

Provide a sample of training curriculum that lists courses and prerequisites and certificate/degrees that program completers will receive. Prerequisites for certificate programs for paraprofessionals must be, at a minimum, a high school diploma or GED, and the certificate may be applied towards an associate's and/or bachelor's degree in the future, as applicable. For example, the certificate program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career.

Programs must be recognized by the state government(s) within the proposed geographic coverage of the training program, and you must indicate the state certificate or license that program completers will receive.

Attachment 8: Funding preference or priority documentation

As Applicable. Counts toward the page limit.

To receive a funding priority or funding preference, include a statement that you are eligible for the funding priority or the funding preference, identify the funding priority or preference, and include documentation of this qualification.

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

Attachment 9: Tables and charts

As applicable. Counts toward page limit.

Provide tables or charts that give more details about the proposal. These might be Gantt, PERT, or flow charts.

Attachment 10: Letters of agreement, memoranda of understanding, and contracts

As applicable. Counts toward page limit.

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (such as a CEO or chair). The letter must be signed and dated, and must specifically indicate understanding of the project, and a commitment to the project, including any resource commitments (like in-kind services, dollars, staff, space, equipment, and so on).

Provide any other 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.

For lengthy legal documents, submit the first two pages and a signature page. If awarded, the full document may be requested as a condition of the award.

Attachment 11: Apprenticeship training site documentation

As applicable. Counts toward page limit.

This is required for only Level 2 applicants. Provide a description of the apprenticeship training sites your entity is partnering with. The description should include the name of the site and site address.

Within 12 months of receiving the BHWET Program for Paraprofessionals award, you must submit a Memorandum of Understanding or Memorandum of Agreement with the registered apprenticeship sites that meet the criteria, if not already provided in your application.

If your entity is an already established apprenticeship site, you must submit official documentation (such as a certificate of approved registration) from the Department of Labor.

Attachment 12 to 15: Other relevant documents

As applicable. Counts toward page limit.

Include any other documents, tables, charts, etc. that are relevant to the application.

Other required standard forms

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

Forms	Submission
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.

Forms	Submission
R & R Subaward Budget Attachment(s) Form	Yes, with application, if applicable.
Project/Performance Site Locations(s) form	Yes, with application.
Disclosure of Lobbying Activities (SF-LLL) Form	If applicable, with the application or before the award.

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

Form instructions

SF-424 R&R form

Does not count toward the page limit.

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

Research and Related Other Project Information form

Only the project narrative counts toward the page limit.

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

- Complete sections 1 through 6.
- Upload a blank document in item 7: Project Summary/Abstract to avoid a cross-form error with your Project Abstract Summary Form.
- Upload your project narrative in item 8.
- Leave items 9, 10, and 11 blank.
- If you have more than 10 subawards, you may use item 12 to add subaward budgets that could not fit in your R&R Subaward Budget Attachment(s) Form.

Standardized Work Plan form

Does not count toward the page limit.

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

- Submit your work plan through the SWP Form. Provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope.
- Follow the instructions in the SWP Form.
- Select your organizational priorities that best fit the objective.
- Write Health Equity in the “Other Priority Linkage” if your objective or sub-objectives align with this priority.
- As specified on the NOFO, [program goals](#) must be copied as stated.
- Certain program objectives might also need to be duplicated exactly as they are listed on the 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 [Project Narrative, Organizational Information](#), follow these instructions.

- Include biographical sketches for people who will hold the key positions.
- Try to use no more than two pages per person.
- Do not include non-public, [personally identifiable information](#).
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in this form.
- Include:
 - Name and title
 - Education and training. For each entry include Institution and location, degree and date earned, if any, and field of study.
 - Section A: Personal Statement. Briefly describe why the individual’s experience and qualifications make them well-suited for their role.
 - Section B: Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
 - Section C: Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.

- Other information. If they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

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

Research and Related Budget form

Only the budget narrative counts toward the page limit.

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

- Complete the Research and Related Budget Form. Follow the instructions in section 3.1.4 of the [R&R Application Guide](#).
- Complete the form for each budget year for the proposed performance period. After completing the first budget period in the form, you may select “Add Period” to move to the next.

R & R Subaward Budget Attachment(s) form

Counts toward the page limit*

You will also complete R & R Subaward Budget Attachments for each subaward you propose. These include subcontracts. You will do this using the R & R Subaward Budget Attachment(s) Form.

To complete the budget forms, follow the instructions in Grants.gov.

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

Project/Performance Site Location(s) form

Counts toward the page limit*

Follow the form instructions in Grants.gov

Disclosure of Lobbying Activities (SF-LLL) form

Does not count toward the page limit.

Follow the form instructions in Grants.gov.



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

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

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

Merit review

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

Criterion	Total number of points =
1. Purpose and need	10 points
2. Response	50 points
3. Impact	20 points
4. Resources and capabilities	10 points
5. Support requested	10 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 purpose of your project.
- Describes the behavioral health workforce needs of the local community, including the patient populations served at the Level 1 pre-service and Level 2 in-service training sites (as applicable).
- Describes the gaps in service that trainees will fill to address the identified needs to implementing your program.
- Describes trainees' and program participants' unmet needs this program will address.
- Uses and cite demographic data as part of the descriptions and explanations, as applicable.

Criterion 2: Response (50 points)

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

Approach (20 points)

The panel will review your application for how well it:

- Proposes a project that responds to the program’s purpose.
- Proposes objectives that relate to the [purpose](#) and addresses each of the [program requirements and expectations](#), including team-based care and tele-behavioral health experience.
- Describes how you will prepare trainees to work in interprofessional teams to provide services to children, adolescents, and transitional-age youth who have experienced trauma or are at risk for mental health disorders.
- Describes a range of applicable partnerships and experiential training sites. Provides supporting information for experiential training sites in [Attachment 3](#).
- Describes how you will enhance the existing paraprofessional certificate program(s) through curriculum development or enhancement and inclusion of experiential learning in the form of field placements or internships. Provides supporting documentation of certificate training curriculum, courses, and prerequisites as [Attachment 7](#).
- Describes how you will develop and deliver experiential and didactic coursework to develop interprofessional team competency.
- Describes how you will recruit trainees interested in working with children, adolescents, and transitional-age youth in high need and high demand areas.
- Explains your strategies to improve trainees’ cultural competence to meet the needs of 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.
- Provides a plan for implementing an actionable framework that targets learning disparities and expands learning opportunities to support diversity, equity, and inclusion. This may include recruitment of students from high need and high demand areas.
- Describes how you will identify supervisors and mentors to support trainees.
- Describes how you will overcome anticipated barriers to trainee’s access to education and success in your program. These barriers might include physical and mental health, psychological health, physical environment, social environment,

gaps in foundational knowledge, and economic stability, and access to services (for example, transportation, career development, and accessibility services).

- Has a student commitment letter template in [Attachment 4](#).
- As applicable, describes a strategy to help trainees that complete Level 1 pre-service training to transition into a Level 2 in-service registered apprenticeship program.
- Explains how you will aim for at least a 35 percent rate of transitioning trainees into Level 2 from Level 1.
- Describes how you will implement a disbursement plan for both Level 1 pre-service training and, as applicable, for Level 2 in-service training support.
- Includes the disbursement schedule of that support and be consistent with your institution's policies and procedures. The difference between Level 1 pre-service disbursement and Level 2 in-service disbursement should be clear.
- If implementing Level 2 in-service training, discusses how you will identify registered apprenticeship sites or create new registered apprenticeship sites and place trainees in those sites.
- If it applies, explains how you will provide "on-the-job training" through a registered apprenticeship program.
- Demonstrates strategies to improve trainees' cultural competence.

Training sites (5 points)

You can receive 5 points if at least one training site listed in [Attachment 3](#) is in one or more of the following high need and high demand areas:

- Mental Health Professional Shortage Areas or Facility Mental HPSAs with a score of 16 or above as found in [HPSA Find Tool](#).
- Geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP) as found in the [Rural Health Grants Eligibility Analyzer](#).
- A school-based health services site. A school-based health center (SBHC) needs to provide the following in [Attachment 3](#):
 - If HRSA-funded: The health center H80, H2E or LAL grant number and include a copy of the most recent Form 5B – Service Sites, or snapshot of relevant sections, showing the school-based site details.
 - If non-HRSA funded: Verifiable information, such as a read out from the [School-Based Health Alliance Child Health and Education Mapping Tool](#), clearly showing the school-based site details. A letter of support, memorandum of agreement or contract documentation from the SBHC must also be included in [Attachment 10](#).

Supporting documentation must be provided in [Attachment 3](#) and in [Attachment 10](#) in order to receive the points. HRSA will review the documentation and provide the review panel with the training site score from zero to 5 points.

Apprenticeship implementation (5 points)

You can receive 5 points if implementing a Level 2 in-service registered apprenticeship program.

The panel will review your application for how well it:

- Describes a strategy to assist trainees who complete Level 1 pre-service training to transition into a Level 2 in-service registered apprenticeship program, and
- Describes how you will aim for at least a 35 percent rate of transitioning Level 1 students into Level 2 for each budget period of the grant.

High-Level Work Plan (15 points)

The panel will review your application for how well it:

- Includes the number, type of paraprofessional, full-time and part-time BHWET Paraprofessional trainees you expect to train each year of the performance period.
- Describes activities that will meet project objectives.
- Provides a timeline that includes each activity and identifies who is responsible for each.
- Includes the extent to which these stakeholders address the needs of the populations and communities served.
- Includes how key stakeholders will actively support the project and has appropriate documentation from these organizations in [Attachment 10](#).
- Identifies the methods you'll use to deliver the proposed training.
- Describes how you intend to support program completers in securing employment in high need and high demand areas.
- Contains a strong Standard Work Plan with objectives that cover all program requirements and activities that will achieve them.

Resolution of Challenges (5 points)

Reviewers will review your application for how well it:

- Describes the obstacles and challenges you may face during project design and implementation. This includes the quality of your plan to deal with them.

Criterion 3: Impact (20 points)

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

Performance reporting and evaluation (10 points)

The panel will review your application for how well it:

Describes a plan for effectively sharing project results that could be replicated by others or be national in scope.

Demonstrates strong and effective methods to monitor and evaluate project results.

Includes measures that will assess that program objectives have been met and to what extent the results are because of the project.

Presents a quality plan to collect and manage data to ensure accurate and timely performance.

Describes your process to collect, manage, store, and report NPI numbers for eligible participants (as applicable). This includes a process to track trainees 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 solid plan for sustaining the project beyond federal funding.
- Highlights key elements of the projects. Examples include training methods or strategies that have been effective in improving practices.
- Describes likely challenges to be encountered in sustaining the program and describes logical approaches to resolving the challenges.

Criterion 4: Resources and capabilities (10 points)

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

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

- You discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.

- You describe how you'll assess the unique needs of the trainees you serve.
- You describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include key agreements and letters of support in Attachment 10.
- Project staff have the training or experience to carry out the project. This includes a description of how the project director (PD) will devote at least 20 percent of their time to the project.
- You have the capabilities to fulfill the needs of the proposed project.

Criterion 5: Support requested (10 points)

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

The panel will review your application to determine:

- How reasonable the proposed budget is, including number of trainees, for each budget year of the period of performance, supportive of the project goal and requirements, and includes at least 50 percent for stipends and participant/trainee support costs.
- How sufficient the time is for key staff to devote to the project to achieve the objectives.
- How reasonable are the costs as outlined in the budget and required resources sections are reasonable and how well they align with the work plan.

Risk review

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

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

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

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

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

Selection process

When making funding decisions, we consider:

- The available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities, funding preferences, and special considerations 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 prime 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 authorized by 42 U.S.C. § 294e-1(d)(2) (Section 756(d)(2) of the Public Health Service Act) for programs for paraprofessionals that emphasize the role of the family and the lived experience of the consumer and family-paraprofessional partnerships. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Role of the family and the lived experience of the consumer and family paraprofessional partnership (5 Points)

To qualify for this priority, you must request the priority in your [project abstract](#). You will also need to submit any information or data as evidence that you meet this requirement as [Attachment 8](#).

For example, you may wish to submit your training curriculum showing emphasis on the role of family and lived experiences and include supporting evidence in the abstract.

HRSA staff will review the funding priority submission and report the results to the objective review committee. Applications that meet the criteria for this priority will have an additional 5 points added to the final score assigned by the objective review committee.

Applications that do not receive a funding priority will be given full and equitable consideration during the review process.

Funding preferences

This program includes funding preferences imposed by 42 U.S.C. § 295j (Section 791(a) of the Public Health Service Act). If HRSA staff determines that your application qualifies for a funding preference, we will move it to a more competitive position among fundable applications. Qualifying for a funding preference does not guarantee that your application will be successful. Applicants can provide evidence for one or more preferences, however only one funding preference will be given.

Section 791 of the Public Health Service Act requires a funding preference for any qualified application ranked above the 20th percentile of proposals that have been recommended for approval by objective review committee that either:

- Has a high rate for placing program completers in practice settings that have a principal focus of serving residents of medically underserved communities. ([See Qualification 1.](#))
- During the 2023 to 2024-year period before the start of 2025 fiscal year, has achieved a significant increase in the rate of placing program completers in such settings. ([See Qualification 2.](#))
- Is a new program (defined in § 295j(c)(2) as those having graduated fewer than 3 classes) that meets at least four of the criteria listed. ([See Qualification 3.](#))

Qualification 1: High Rate

You have achieved a high rate of placing program completers in practice settings that have a principal focus of serving residents of medically underserved communities.

To qualify for a high rate, you must demonstrate that the percentage of graduates placed in practice settings serving medically underserved communities for Academic Year (AY) 2022-2023 and AY 2023-2024 is greater than or equal to 50 percent of all graduates.

To identify the federal designation used to determine graduate practice in medically underserved communities, use [MUA Find](#). Only documentation from this resource will be accepted.

Types include:

- Health Professional Shortage Area (mental health or primary care only)
- Medically Underserved Area
- Medically Underserved Population
- [Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA](#)

If you wish to request funding preference under Qualification 1, submit the following documentation as [Attachment 8](#):

Graduates/program	Practice settings	Federal designation for graduate
1		
2		
3		

High Rate Formula:

$$\left(\frac{\begin{array}{c} \text{\# of graduates in AY 2022 to 2023} \\ \text{Employed in MUCs} \end{array} + \begin{array}{c} \text{\# of graduates in AY 2023 to 2024} \\ \text{Employed in MUCs} \end{array}}{\begin{array}{c} \text{Total \# of graduates in} \\ \text{AY 2022 to 2023} \end{array} + \begin{array}{c} \text{Total \# of graduates in} \\ \text{AY 2023 to 2024} \end{array}} \right) \times 100 = \text{High Rate}$$

Qualification 2: Significant Increase

You have achieved a significant increase in the rate of placing program completers in such settings during the 2-year period preceding the fiscal year for which such an award is sought.

To qualify for a significant increase, you must demonstrate a 25 percent increase of placing program completers in medically underserved communities from AY 2022-2023 and AY 2023-2024.

To identify the federal designation used to determine graduate practice in medically underserved communities, use [MUA Find](#). Only documentation from this resource will be accepted.

Types include:

- Health Professional Shortage Area (mental health or primary care only)
- Medically Underserved Area
- Medically Underserved Population
- [Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA](#)

If you wish to request funding preference under Qualification 2, you must submit the following documentation as [Attachment 8](#):

Graduates/Program	Practice Settings	Federal designation for graduate
1		
2		
3		

Significant Increase Formula:

$$\left(\frac{\text{\# of graduates in AY 2023 to 2024 Employed in MUCs}}{\text{Total \# of graduates in AY 2023 to 2024}} - \frac{\text{\# of graduates in AY 2022 to 2023 Employed in MUCs}}{\text{Total \# of graduates in AY 2022 to 2023}} \right) \times 100 = \text{Significant Increase}$$

Qualification 3: New Program

Qualification 3 is a pathway that permits new programs to compete equitably for funding under this section.

New programs that meet at least four of the following criteria qualify for a funding preference.

A new program means any program that has graduated or completed less than three classes and not grant programs such as BHWET Paraprofessionals, specialized tracks or population focus, or rotations within a school or program.

If you wish to request funding preference under Qualification 3, you must submit documentation in [Attachment 8](#) that you have graduated/completed less than three classes and meet at least four of the following criteria:

1. The training organization's mission statement includes preparing health professionals to serve underserved populations.
2. The program's curriculum includes content which will help prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. At least 20 percent of the program's clinical faculty spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

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

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Application submission and deadlines

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

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

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

Deadlines

You must submit your application by April 1, 2025, at 11:59 p.m. ET.

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

Submission method

Grants.gov

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

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

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

Other submissions

Intergovernmental review

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

Application checklist

Make sure that you have everything you need to apply:

Form	See instructions	Included in page
<input type="checkbox"/> Project Abstract Summary	Project abstract	No
<input type="checkbox"/> Research and Related Other Project Information	Project narrative and form instructions	Only the attached project narrative
<input type="checkbox"/> Research and Related Budget	Budget and budget narrative and form instructions	Only the attached budget justification
Attachments <input type="checkbox"/> 1: Proof of Accreditation or State Approval <input type="checkbox"/> 2: Project organizational chart <input type="checkbox"/> 3: Level 1 experiential training site documentation <input type="checkbox"/> 4: Student commitment letter <input type="checkbox"/> 5: Staffing plan and job descriptions <input type="checkbox"/> 6: Maintenance of effort documentation <input type="checkbox"/> 7: Documentation of the Certificate Training Curriculum, Courses, and Prerequisites <input type="checkbox"/> 8: Funding preference or priority documentation <input type="checkbox"/> 9: Tables and charts <input type="checkbox"/> 10: Letters of agreement, MOUs, and contracts <input type="checkbox"/> 11: Apprenticeship training sites documentation <input type="checkbox"/> 12 to 15: Other relevant documentsIf you have additional material to submit, such as explanations of mandatory disclosures, you can use this form.	Attachments	Yes

Form	See instructions	Included in page limit?
Other required forms	Other required standard forms	
<input type="checkbox"/> SF-424 R & R (Application for Federal Assistance)	Form instructions	No
<input type="checkbox"/> Standardized Work Plan (SWP)	Project narrative, high-level work plan and form instructions	No
<input type="checkbox"/> Research and Related Senior/Key Person Profile (Expanded)	Project narrative, organizational information and form instructions	No
<input type="checkbox"/> R & R Subaward Budget Attachment(s)	Form instructions	Yes*
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	Form instructions	No

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



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [55](#)

Post-award requirements and administration

Administrative & national policy requirements

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

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

Non-discrimination legal requirements

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

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

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

Executive order on worker organizing and empowerment

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

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

Cybersecurity

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

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

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

Identify:

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

Protect:

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

Detect:

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

Respond:

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

Recover:

- Investigate and fix security gaps after any incident.

Reporting

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

You must also follow these program-specific reporting requirements:

- We will require progress reports each year.
- 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).



Contacts and Support

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Agency contacts

Program and eligibility

Nicole M. Wilkerson

Management Analyst/Project Officer

Attn: BHWET Program for Paraprofessionals

Bureau of Health Workforce

Health Resources and Services Administration

Email your questions to: BHWETPara25@hrsa.gov

Call: 301-443-6752

Financial and budget

Vanessa Prosper, MPS

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: BHWETPara25@hrsa.gov

Call: 301-443-0377

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

Adolescent: A young person who is developing into an adult. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19.

Certificate: A process by which an agency or organization validates, based upon predetermined standards, an individual paraprofessional's qualifications and knowledge for program completion or practice. Once trainees complete the didactic and experiential training and receive a certificate, they are known as Level 1 pre-service program completers.

Children: Persons under 18 years of age.

Community-based partners: Includes emergency departments, hospitals, crisis centers, judicial systems, health centers, social services, faith-based organizations, community policing organizations, recovery community organizations, or other peer-based recovery support organizations that help expand and improve access to quality behavioral health services in high need and high demand areas.

Health center: Community-based and patient-directed organizations that deliver accessible, affordable, quality primary health care services. Health centers often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. These entities apply for or receive a Federal award under Section 330 of the Public Health Service Act.

Health disparities: Differences in health outcomes that are closely linked with social, economic, and environmental disadvantages.

High Need and High Demand Area: For the purposes of this NOFO, high need and high demand areas are identified as sites located within Mental Health Professional Shortage Areas (HPSAs) or a Facility Mental HPSA with a score of 16 or above, or within a geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP).

Lived (Living) Experience: Lived experience refers to representation and understanding of an individual's human experiences, choices, and options and how those factors influence one's perception of knowledge based on one's own life.

Opioid Use Disorder (OUD): Opioid misuse leading to clinically significant impairment or distress occurring within a 12-month period.

Behavioral Health Paraprofessional: This term refers to an individual who is not a mental or substance use disorder service professional, but who works at the first stage of contact with individuals and families who are seeking mental or substance use disorder services, including substance use disorder prevention and treatment services.

This job classification includes occupations such as mental health worker, peer support specialist, community health worker, outreach worker, social services aide, mental health worker, substance abuse or addictions worker, youth worker, promotor/a, recovery coach, recovery manager, recovery mentor, recovery support specialist, and recovery coach or guide.

Program participants: Someone who participates in a training program or training activity that did not receive trainee support from a BHW-funded grant award during the current reporting period.

Registered Apprenticeship Program: A Registered Apprenticeship Program (RAP) is a proven model of apprenticeship that has been validated by the U.S. Department of Labor or a State Apprenticeship Agency. Recipient organizations that are tribes or tribal organizations may request to use the Indian Health Service Community Health Aide Program model of apprenticeship. An apprenticeship is a proven approach for preparing workers for jobs while meeting the needs of business for a highly skilled workforce. It is an employer-driven, “learn-while-you-earn” model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national skills standards.

Student/trainees: Someone who receives trainee support from a BHW-funded grant award during the current reporting period.

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

Transitional-age Youth (Young Adults): Individuals who are 16 to 24 years old, falling in between older adolescence (15 to 16) and young adulthood (24 to 26).

Helpful websites

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

Endnotes

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf> ↑
2. Centers for Disease Control and Prevention (CDC). (2024). U.S. Overdose Deaths Decrease in 2023, First Time Since 2018. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm ↑
3. World Health Organization (WHO). (2022). Wake-up call to all countries to step up mental health services and support. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide> ↑
4. *Ibid* ↑
5. National Institute on Drug Abuse. Unintentional Drug Overdose Death Rates Among US Youth Aged 15-19. (2023). <https://nida.nih.gov/research-topics/trends-statistics/infographics/unintentional-drug-overdose-death-rates-among-us-youth-aged-15-19> ↑
6. National Library of Medicine. National Center for Biotechnology Information. “Leveraging the Expertise of the Community: A Case for Expansion of a Peer Workforce in Child, Adolescent, and Family Mental Health”. (2023). *Int J Environ Res Public Health*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10252488/>. ↑
7. U.S. Department of Health and Human Services (HHS). (2021). 5-Point Strategy to Combat the Opioid Crisis. <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html> ↑
8. Health Workforce Initiative. “Mental and Behavioral Health Career Pathways.” Available at <https://ca-hwi.org/resources/mental-behavioral-health-career-pathways/>) ↑
9. University of Montana School of Public and Community Health Sciences. “Integrating Behavioral Health into Community Health Work.” Available at <https://www.umt.edu/ccfwd/training/communityhealth/chws-and-bh.pdf> (July 2024). ↑
10. National Library of Medicine. National Center for Biotechnology Information. “Leveraging the Expertise of the Community: A Case for Expansion of a Peer Workforce in Child, Adolescent, and Family Mental Health”. (2023). *Int J Environ Res Public Health*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10252488/> ↑
11. Behavioral Health News. “Peer Support Workforce Shortages Anticipated: What You Can Do”. Rita Cronise, Peer Support Services Technical Assistance Center (PeerTAC). (2024). <https://behavioralhealthnews.org/peer-support-workforce-shortages-anticipated-what-you-can-do/#:~:text=Peer%20support%20providers%20are%20increasingly,2023%3B%20Ostrow%2C%202023> ↑
12. Health Workforce Initiative. “Mental and Behavioral Health Career Pathways.” Available at <https://ca-hwi.org/resources/mental-behavioral-health-career-pathways/> ↑
13. *Ibid* ↑
14. *Ibid* ↑
15. *Ibid* ↑

16. United States Government Accountability Office. Behavioral Health. Available Workforce Information and Federal Actions to Help Recruit and Retain Providers. <https://www.gao.gov/assets/gao-23-105250.pdf> ↑
17. Baum, N., King, J. (2020). The Behavioral Health Workforce in Rural America: Developing a National Recruitment Strategy. (February 2022). ↑