



Health Resources & Services Administration

Bureau of Health Workforce

Notice of Funding Opportunity

Application due January 21, 2025



Graduate Psychology Education Program (GPE)

Opportunity number: HRSA-25-067



Modified on 12/20

GPE modifications include
clarifying the
indirect costs, funding priorities
and Qualification 1: High Rate.

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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 January 21, 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



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

Health Resources and Services Administration (HRSA)

Bureau of Health Workforce

Division of Nursing and Public Health

Preparing health service doctoral psychology trainees for practice in high-need community-based primary care settings.

Summary

The purpose of this program is to train doctoral health service psychology students, interns, and postdoctoral residents in integrated, interdisciplinary behavioral health. The program will prepare trainees to provide behavioral health services, including trauma informed care and substance use disorder prevention and treatment, in community-based primary care settings in high need and high demand areas. Developing health service psychology faculty is also a key aspect of this program.

Funding detail

Application Types: New, Competing Continuations

Expected total available funding in FY 2025: \$22,800,000

Expected number and type of awards: 50 [grants](#)

Funding range per award: Up to \$450,000 annually per award

We plan to fund awards in three 12-month budget periods, for a total 3-year period of performance from July 1, 2025 to June 30, 2028. Your request for each of years 2 and 3 cannot exceed your year 1 request.

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

Key facts

Opportunity name:

Graduate Psychology Education Program (GPE)

Opportunity number:

HRSA-25-067

Announcement version:

Modified

Federal assistance listing:

93.191

Statutory authority: 42

U.S.C. § 294e-1(a)(2) (Section 756(a)(2) of the Public Health Service Act) }

Key dates

NOFO issue date: October 22, 2024

Informational webinar:

Visit the HRSA Bureau of Health Workforce's [open opportunities](#) website to learn more about the informational webinar.

Application deadline:

January 21, 2025

Expected award date is by:

July 1, 2025

Expected start date: July 1,

2025

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

Eligibility

Who can apply

You can apply if you are an accredited doctoral, internship, and/or post-doctoral residency program of health service psychology (including clinical psychology, counseling, and school psychology). Your training program must be accredited by a nationally recognized accrediting agency, approved for such purposes by the U.S. Department of Education.

Types of eligible organizations

These types of domestic* organizations may apply:

Clinical Institutions

- Hospitals
- HRSA-funded health centers and Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics
- Other community-based clinical settings

Current and Prior GPE Recipients

- GPE recipients with funding that ends on June 30, 2025, can apply as a “Competing Continuation” applicant so long as there is no change to their scope of work. If there is a change in scope, organizations should apply as a “New” applicant.
- Previous GPE recipients whose funding ended before August 31, 2022, should apply as a “New” applicant.

Entity types

- Public institutions of higher education
- Private institutions of higher education
- Nonprofits with or without a 501(c)(3) IRS status
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Native American tribal governments
- Native American tribal organizations

“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.

Individuals are not eligible applicants under this funding opportunity.

Other eligibility criteria

Your training program must be accredited at the applicable doctoral, internship and/or post-doctoral training level. You must provide a copy of your active accreditation as [Attachment 1: Accreditation Documentation](#).

You must maintain active accreditation throughout the period of performance and notify us of any change in status.

Eligible organizations may apply in partnership with an accredited training program. You must provide supporting documentation from each organization in [Attachment 4](#), in addition to the program accreditation documentation in [Attachment 1](#). If you are applying as a consortium, all members must be independently eligible for this program.

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](#).

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 has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during [merit review](#). We will hold you accountable for any funds you add, including through [reporting](#).

Program description

Purpose

The purpose of this program is to train doctoral health service psychology students, interns, and postdoctoral residents in integrated, interdisciplinary behavioral health, with significant focus on trauma-informed care and substance use disorder prevention and treatment services.

The program will prepare trainees for practice in community-based primary care settings in high need and high demand areas. To support trainees, the program will also focus on developing health service psychology faculty.

Background

The United States continues to face a mental health and substance use crisis. In 2023, 32.8 percent of the population (or 84.5 million people) had either any mental illness (AMI) or a substance use disorder (SUD).^[1] Additionally, according to the Centers for Disease Control and Prevention, an alarming 103,793 drug overdose deaths occurred in the United States during the 12-month period ending in December 2023.^[2] 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.^[3]

Among the 20.4 million adults aged 18 or older in 2023 with co-occurring AMI and an SUD in the past year, an estimated 40.2% (or 8.2 million) received only mental health

treatment, 3.6% (or 743,000 people) received only substance use treatment, and 18.6% (or 3.8 million people) received both types of treatment.^[4] As a result, training in opioid use disorder (OUD) and other SUD prevention, treatment, and recovery services continue to be vital for behavioral health professionals.

As of September 2024, over one third (123 million) of the U.S. population live in a Mental Health Professional Shortage Area (HPSA).^[5] Shortages and maldistribution of the workforce leave high-need areas without access to behavioral health services. Improving access to services includes ensuring an appropriate supply and distribution of culturally-competent, diverse behavioral health providers.^[6] Tele-behavioral health is also an important tool for delivering services and resources and can serve to reduce barriers by connecting patients and providers to a wider network, regardless of location.^[7]

Providing didactic and experiential training opportunities in underserved communities can influence providers to practice in those communities, and educating and engaging trainees who are from rural and underserved communities can increase the chances that they will practice in those areas in the future.^[8] A diverse health workforce has been shown to increase access to care and improve quality of care, especially among underserved populations.^[9]

Program goal

The GPE program has one goal: Increase the number of well-trained, culturally competent health service psychology students, interns, and post-doctoral residents, who are both prepared to address the needs of the communities they serve and committed to working in high need and high demand areas after graduation.

Program objectives

To achieve the program's goal, you will need to accomplish the following objectives if funded:

- Recruit, train, and prepare trainees for the community-based primary care settings they will serve in.
- Provide trainees with didactic and experiential training curricula, including trauma-informed care, substance use disorder (SUD)/opioid use disorder (OUD) prevention and treatment services, along with interdisciplinary training.
- Develop academic and clinical partnerships.
- Provide ongoing faculty development and staff training.

Program requirements and expectations

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

1. Recruit a diverse group of doctoral health service psychology students, interns, and/or post-doctoral resident level trainees committed to completing integrated, interdisciplinary behavioral health training and the requirements of the GPE program. Additionally, trainees should demonstrate an interest in working with people in high-need, high-demand areas after graduation. You must provide a student commitment letter template in [Attachment 2](#).
2. Provide stipend support to GPE trainees. See [Table 1: Student Stipends](#) for details.
Applications may propose to train and support more than one level of trainee.
3. Enhance didactic and experiential training activities to improve health service psychology trainee competencies.
 - You must ensure that:
 - Integrated, interdisciplinary training in team-based care includes two or more health disciplines besides psychology.
 - At least 25 percent of time in training sites includes experiential training on OUD and other SUD prevention and treatment.
 - Training sites provide an integrated, interdisciplinary behavioral health experience including in community-based primary care settings located in high need and high demand areas.
 - This training must include a focus on:
 - Opioid use disorder (OUD) and other substance use disorders (SUD)
 - Trauma-informed care
 - Tele-behavioral health strategies
 - Knowledge and understanding of behavioral health disorders in children, adolescents and [\[transitional-age youth\]\(#115-contacts-and-support-program-specific-definitions\)](#)
 - Other optional focus areas may include:
 - Medications for Opioid Use Disorder (MOUD) and other substance use disorders.
 - Social determinants of health (SDOH)
 - Supporting provider mental health and well-being
4. Develop or expand academic and community-based partnerships to provide experiences in different settings. Examples may include (but are not limited to) HRSA-supported health centers, other community-based health centers, rural

clinics, academic institutions, K-12 schools, correctional facilities, and/or specialized residential facilities.

5. Conduct faculty and staff development training that supports the trainee curriculum.
6. Collect:
 - National Provider Identifier (NPI) numbers from all trainees before the end of the training year.
 - Post-graduation employment demographics for at least 1 year after program completion.
7. Inform GPE trainees about [HRSA-sponsored loan repayment programs](#). Also inform trainees that they receive funding priority when applying for the [National Health Service Corps Loan Repayment Programs](#).
8. Use evidence-based monitoring practices to collect specified program and performance data for the purpose of:
 - Meeting HRSA data collection requirements.
 - Continuous program evaluation and improvement during the 3-year period of performance.
9. Collaborate with the identified HRSA technical assistance provider at least once per budget period.
10. Participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

Award information

Funding policies and limitations

Policies

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

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

- Fund more applicants from the rank order list.

- Extend the period of performance.
- Award supplemental funding.

Maintenance of effort

Federal funds must add to any existing non-federal funds for your proposed activities. If you receive an award, you will have to spend at least as much as you spent in the last fiscal year before the award. 42 U.S.C. § 295n-2(b) (Section 797(b) of the Public Health Service (PHS) Act) requires this. We will enforce this statutory requirement through all available mechanisms. You must provide supporting documentation in [Attachment 7](#).

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 75.216\(b\)](#).
- The current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. Note this limitation may be updated.

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

Indirect costs

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

Per [45 CFR 75.414](#), indirect costs for training awards cannot exceed 8 percent of modified total direct costs. To calculate the modified total direct costs, we exclude from the direct cost base:

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

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

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. 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-25-067.

After you select 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.

There is a 60-page limit for the overall application.

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

Make sure you include each of these:

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

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

Required format

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

Project abstract

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

funding priority or preference, you must state this in the project abstract. For more information, see section 3.1.2 of the [R&R Application Guide](#).

Project narrative

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

Use the following section headers in the order shown.

Introduction and purpose

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

- Briefly describe the purpose of your project.
- Describe the communities and populations your project will serve. Include information about the behavioral health challenges they face around OUD/SUD and trauma. Also consider SDOH, health disparities, and access to care.
- Explain the current status of graduate psychology training, including any trauma informed care and OUD/SUD-specific training, at your organization.
- Describe the barriers trainees may face in accessing graduate psychology education.

Need

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

Describe the needs your project will address in the following areas:

- Communities served, particularly around SUD/ODU and trauma.
- Psychology workforce shortages, including at partner training sites.
- Didactic and experiential curriculum development.
- Faculty and staff development.

Describe the approaches used to identify these needs and provide applicable supporting data.

Approach

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

- Describe the activities you will conduct to meet the specified program objectives and how they will lead to improving access to behavioral health services in your community to meet the stated needs. All [program requirements must be addressed by the objectives](#).

- Include traditional and unique approaches you will use to recruit a diverse group of doctoral health service psychology students, interns, and/or postdoctoral residents who demonstrate an interest in working with persons in high-need, high-demand areas after graduation. Provide the student commitment letter template you will use in [Attachment 2](#).
- Provide an overview of:
 - Your program's didactic and experiential training curriculum.
 - How your trainees will receive a team-based care experience with two or more health disciplines other than psychology.
 - How you will ensure at least 25 percent of the trainee time is in the delivery of OUD and other SUD prevention, treatment, and recovery services.
 - How trainees will receive tele-behavioral health experience.
 - How trainees will gain knowledge and understanding of behavioral health disorders in children, adolescents and transitional-age youth.
- Provide a description of the academic and community-based partnerships that will provide your trainees with integrated, interdisciplinary behavioral health experience. For experiential training site(s), include the information depicted in [Table 2](#) as [Attachment 3](#).
- Describe how you will provide training relating to faculty and staff development, including skills and expertise in OUD and other SUD prevention, treatment such as medications for opioid use disorder (MOUD) and recovery services. Include structured training courses and continuing education (CE) credits.
- Explain how you will improve trainees' cultural competence to meet the needs of the communities they serve. 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](#).

Table: Table 2 Experiential Training Sites

	Example	Site 1	Site 2	Site 3	Site 4
Facility name	Expert Medical Healthcare Center				
Site address (street, town, state, zip code, and county)	1234 Anytown, AK 99540				

	Example	Site 1	Site 2	Site 3	Site 4
	County: Anchorage Municipality				
Number of trainees per level	3 Practica; 2 Intern				
Number of trainee hours and weeks/months at site per level	Practica: 12 hours/week for 6 months Intern: 20 hours/week for 6 months				
Offers OUD/SUD prevention, treatment, or recovery services (yes/no)	Yes				
Offers tele-behavioral health services (yes/no)	Yes				
Integrates behavioral health into primary care (yes/no)	Yes				
Has interdisciplinary training with two or more disciplines (yes/no)	Yes				
Concentration of licensed psychologists in county as determined by CWS Data Tool (High or Low)	Low				
Mental Health HPSA score using Find HPSA Tool	12				
Located in a geographic area defined as rural in the Rural Health Grants Eligibility Analyzer (yes/no)	Yes				
School-Based Health Center (yes/no)	No				

High-level work plan

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

Discuss your overall work plan.

- Include the number and level (doctoral student, intern and/or resident) of trainees anticipated each year of the period of performance.
- Provide a timeline of the academic year and when key activities will occur.

- Identify how and when key stakeholders, including experiential training sites, will help plan, design, and carry out all activities. Include letters of agreement and memoranda of understanding in [Attachment 4](#). Only include this documentation from individuals and organizations who will actively support your project.
- You will also include a more detailed work plan in your Standardized Work Plan (SWP). See [other required forms](#). The SWP will be used to monitor the progress of your project each quarter throughout the period of performance. Ensure that each program requirement is addressed within the objectives of the SWP. Activities should clearly demonstrate how each objective will be met.

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 trainees in high need and high demand areas.
- Discuss the anticipated challenges of identifying and collaborating with experiential sites.
- Explain approaches that you'll use to resolve them.

Performance reporting and evaluation

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

- **Outcomes:** Describe the expected outcomes (desired results) of the funded activities.
- **Performance Measurement and Reporting.** See GPE's [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 collect and report National Provider Identifier (NPI) numbers for participants. Project trainees in eligible disciplines must apply for and report on an NPI.
 - Describe your process to track trainees after program completion for up to 1 year.
 - Describe how you will monitor and analyze performance data to support continuous quality improvement.
- **Program Evaluation.** The evaluation should examine processes and progress towards 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 your program will:
 - disseminate results,
 - assess the effectiveness of your dissemination plan,
 - determine whether the program results are national in scope,
 - And ascertain the probability of potential program 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. Include:
 - Consequences and challenges without federal funding.
 - Key project elements that will be sustained and how.
 - Other approaches to sustainability and potential sources of funding, including a potential timeline.

Organizational information

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

Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Include a project organization chart in [Attachment 5](#). Describe:

- The academic, administrative and structural capacity of your organization to carry out the didactic and experiential training of your project. Include details of current or prior training supported by GPE funds, if applicable.
- How you will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.

- How your organization maintains staff competencies, and approaches to outreach, collaboration, communication, information sharing and efforts to involve communities.
- Your staffing plan and job descriptions for key faculty and staff in [Attachment 6](#). Include biographical sketches for key staff using the Research & Related Senior/Key Person Profile form. See [Other required standard forms](#). There can only be one Project Director (PD). The PD must be employed by the awarded applicant organization. The PD should expect to dedicate at least 20 percent of their time to project activities.

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).

Funds under this notice may not be used for purposes specified in HRSA's [R&R Application Guide](#). In addition, grant funds may not be used for the following:

- Fringe benefits for trainees (such as liability insurance, unemployment insurance, life insurance, taxes, fees, and retirement plans) with the exception of health insurance.
- Accreditation costs, such as renewals and annual fees.
- Trainee licensure exams, registration, and administration fees. (However, funds may be used for licensure preparation training materials.)
- Construction
- Foreign travel

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

The budget narrative includes an itemized breakdown and 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.

Include Maintenance of Effort information in [Attachment 7](#).

Participant and trainee support costs

You must include the following trainee support costs:

- At least 50 percent of your total requested budget (direct and indirect costs) per year must be in the Participant/Trainee Costs budget category. The items within this category are:
 - Stipends
 - Tuition
 - Health insurance
 - Training supplies and materials
 - Attendance at a professional conference(s)
 - Travel related expenses for training purposes
- All other costs related to program management must be budgeted out of the remaining 50 percent or less.
- Stipend amounts that are charged to the award are fixed for each trainee level and are stated in [Table 1: Student Stipends](#). You cannot provide stipends less than the amounts shown in the table. You may choose to provide higher stipend amounts by adding funds from non-federal sources.
- Trainees who receive stipend support must sign a student commitment letter as described in the template in [Attachment 2](#).
- Only students, interns, and post-doctoral residents who receive stipends under this funding opportunity can receive the other trainee support listed under Participant/Trainee Costs.
- Trainees can decide how to use their stipend to help with cost-of-living expenses during their training experience. Stipends are not provided as a condition of employment, or for tuition, fees, health insurance, or other trainee support costs.

- No more than 1 year of 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 over 2 years.
- Stipends must be prorated if a trainee ends their participation with the program before the end of their 1 year. You must contact HRSA to talk about options for the leftover stipend funds.

Table: Table 1 Student Stipends

Training level	Additional details	Enrollment status	Annual fixed stipend/trainee	Max eligibility for support
Doctoral students	Accredited doctoral schools and programs in health service psychology in practica for 10 or more hours per week, per academic semester	Part-Time	\$16,250	2 years (24 months) (\$32,500 total)
		Full-Time	\$32,500	1 year (12 months)
Doctoral Interns		Part-Time	\$18,250	2 years (24 months) (\$36,500 total)
		Full-Time	\$36,500	1 year (12 months)
Post-Doctoral Residents		Part-Time	\$30,000	2 years (24 months) (\$60,000 total)
		Full-Time	\$60,000	1 year (12 months)

Be sure to

- List stipends, tuition, fees, health insurance, training supplies and materials, attendance at a professional conference(s), and travel-related expenses for training. Separate out these costs from others so we can identify them easily.
- Identify the number of trainees, as well as the level of training they are participating in. Please see [Table 1](#) for training level list.

- Include a subtotal entitled “Total Participant and Trainee Support Costs” with the summary of these costs.

Consultant services

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

Subawards/Contractual

Requires a separate [SF-424 R&R Budget Form](#).

Attachments

Place your PDF attachments in order in the Attachments form.

Attachment 1: Accreditation documentation

Required- Counts toward page limit.

You must provide documentation of your 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.

Attachment 2: Student commitment letter

Required-Counts toward page limit.

Provide a copy of a student commitment letter template, through which students will commit to completing experiential training. Students receiving support through the GPE program should be informed in advance of the institution’s financial aid policies.

At a minimum, the letter must include:

- The student’s willingness to report information to the award recipient, including confirming their NPI number, along with employment status and practice location 1-year after their training is complete.
- A stipend disbursement plan that outlines the amount of stipend support, frequency of disbursement, and length of time receiving support. Discuss any impact this may have on the student’s financial aid award if applicable.

The letter may also ask students for a plan to voluntarily pursue employment working with persons in high-need, high-demand areas.

Attachment 3: Experiential Training Site Documentation

Required-Counts toward page limit.

Provide the training sites information depicted in [Table 2](#) in the Approach section, including the number of hours each trainee will participate per week/rotation.

In addition, for each training site in Table 2, determine if it is located in a high-need, high-demand area and/or is a school-based health center using the following resources only. You may receive [points](#) for the location or type of training site. Include supporting documentation indicating the highlighted criteria below for applicable training sites:

1. County with a **Low** concentration of licensed psychologists as documented in [CWS Data Tool](#).
2. **Mental Health** Professional Shortage Area Discipline with a score of **16** or above as found in [HPSA Find Tool](#).
3. 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](#).
4. A school-based health center. Provide the following for:
 - a. **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, or
 - b. **Non-HRSA funded:** Verifiable information, such as a readout from the [School-Based Health Alliance Child Health and Education Mapping Tool](#), clearly showing the school-based site details.

All data must be appropriately cited as valid at the time of application and is subject to verification.

Documentation of partnerships with the listed training sites must be included in [Attachment 4](#). Any experiential training sites listed in Attachment 3 without supporting documentation in Attachment 4 will not be considered. Supporting documentation must be signed and dated by the relevant authority of the associated organization or department to be considered.

Attachment 4: Letters of agreement, memoranda of understanding, and contracts

Required -Counts toward page limit.

Provide letters of agreement, memoranda of understanding, and/or contracts as applicable for each organization or department actively involved in your proposed project. Documentation* must be from someone who holds the authority to speak for

the organization or department (such as a CEO or chair), 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, the first two pages as well as a signature page will meet this requirement. If awarded, the full document may be requested as a condition of award.

*Documents must be signed and dated by the relevant authority of the associated organization or department to be considered.

Attachment 5: 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 6: 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 7: Maintenance of effort documentation

Required-Counts toward page limit.

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

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

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

Attachment 8: Funding preference and/or priority documentation

As Applicable-Counts toward page limit.

To receive a funding preference and/or funding priority, include a statement that you are eligible for the funding preference and/or funding priority, identify the preference or priority, and provide supporting documentation.

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

Attachment 9: Letters of support

As applicable-Counts toward the page limit.

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

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

Recommenders should indicate an understanding of and commitment to the project, and what their contribution to the project will be. You should reference letters of support in the applicable section of the project narrative.

Recommenders must sign and date their letter of support for the document to be considered.

Attachments 10 to 15: Other relevant documents

As applicable- Counts toward page limit.

Other required standard forms

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

Forms	Submission Requirement
SF-424 R & R (Application for Federal Assistance) form	Yes, with application.
Research and Related Other Project Information	Yes, with application.
Standardized Work Plan (SWP) form	Yes, with application.
Research and Related Senior/Key Person Profile (Expanded) form	Yes, with application.
Research and Related Budget form	Yes, with application.
R & R Subaward Budget Attachment(s) Form	Yes, with application.
Project/Performance Site Locations(s) form	Yes, with application.
Disclosure of Lobbying Activities (SF-LLL) Form	If applicable, with the application or before the award.
BHW Program Specific Data Form (B) [V1.0]	Yes, with application.

Form instructions

SF-424 R&R form

Does not count toward the page limit.

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

Research and Related Other Project Information form

Only the project narrative counts toward the page limit.

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

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

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

Standardized Work Plan form

Does not count toward the page limit.

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

- Submit your work plan through the SWP Form. Provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope.
- Follow the instructions in the SWP form.
- Select your organizational priorities that best fit the objective.
- Write Health Equity in the “Other Priority Linkage” if your objective or sub-objectives align with this priority.

The [program goal and objectives](#) as specified in Step 1 must be stated in the SWP form. You may include additional objectives if they further support your proposed project. All [program requirements](#) must be addressed by the objectives.

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

Does not count toward the page limit. The attached biographical sketches also 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. These sketches count toward the page limit.
- 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, for this opportunity, your biographical sketches will not count toward the page limit.

Research and Related Budget form

Only the budget narrative counts toward the page limit.

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

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

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

R & R Subaward Budget Attachment(s) form

Counts toward the page limit.

You will also complete the R & R Subaward Budget Attachment Form for each subaward you propose. These include subcontracts. 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](https://www.grants.gov).

Disclosure of Lobbying Activities (SF-LLL) form

Does not count toward the page limit.

Follow the form instructions in [Grants.gov](https://www.grants.gov).

BHW Program Specific Data form (B) [V1.0]

Does not count toward page limit.

Follow the form instructions in [Grants.gov](https://www.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 panel members use these criteria.

Criterion	Total number of points = 100
1. Purpose and need Introduction and Purpose Need	10 points
2. Response Approach Training Sites High-Level Work Plan Resolving Challenges	50 points 20 5 20 5
3. Impact Performance and Evaluation Sustainability	20 points 10 10
4. Resources and capabilities Organizational Information	10 points
5. Support requested Budget and Budget Narrative	10 points

Criterion 1: Purpose and need

10 points

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

The panel will review the application for how well it describes:

- The purpose of the project.
- The current status, problems, and needs, with supporting information, relating to:
 - Communities and populations to be served, including the behavioral health challenges they face around OUD/SUD and trauma.
 - Psychology workforce shortages.
 - Didactic and experiential curriculum development.
 - Faculty and staff development.
 - Barriers to accessing graduate psychology education.

Criterion 2: Response

50 points

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

Approach (20 points)

The panel will review the application for how well it:

- Proposes a project that responds to the program's purpose.
- Proposes activities for objectives specified in Step 1 and any additional objectives that relate to the purpose and addresses each of the program requirements, including OUD/SUD training time, team-based care, tele-behavioral health experience, and knowledge and understanding of behavioral health disorders in children, adolescents, and transitional-age youth.
- Describes how the applicant will recruit trainees and has an applicable student commitment letter template in [Attachment 2](#).
- Describes a range of applicable partnerships and experiential training sites and includes supporting information for experiential training sites in [Attachment 3](#).
- Addresses faculty development.
- Demonstrates strategies to improve trainees' cultural competence.

Training Sites (5 points)

Applicants will receive 5 points if at least one training site listed in [Attachment 3](#) is located in one or more of the following:

1. County with a low number of licensed psychologists.
2. Mental Health Professional Shortage Area with a score of 16 or above.

3. Geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP).
4. A school-based health center (SBHC).

Supporting documentation must be provided in [Attachment 3](#) and [Attachment 4](#) to receive the points. HRSA will review the documentation and provide the review panel with the Training Site score.

High-Level Work Plan (20 points)

The panel will review the application for how well it:

- Includes the number and level of trainees for each year.
- Describes the trainee academic year.
- Includes how key stakeholders will actively support the project and has appropriate documentation from these organizations in [Attachment 4](#).
- Contains a strong Standard Work Plan with objectives that cover all program requirements and activities that will achieve them.

Resolution of Challenges (5 points)

The panel will review the application for how well it:

- Describes the obstacles and challenges the applicant may face during project design and implementation, including identifying and collaborating with experiential sites. This includes the quality of the plan to deal with these challenges.

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 the application for how well it:

- Proposes an effective project that is likely to have a strong behavioral health impact on the community or target population.
- Describes plans for effectively sharing project results that could be replicated by others or be national in scope.
- Demonstrates strong and effective methods to monitor and evaluate project results.

- Includes measures to assess whether program objectives have been achieved and to what extent the results can be attributed to the project.
- Presents a quality plan to collect and manage data to ensure accurate and timely performance.
- Describes the process to collect, manage, store, and report NPI numbers for eligible participants. 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.
- Describes how well you anticipate 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.
- 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](#).

The panel will review the application to determine how well it:

- Describes the academic, administrative, and structural capabilities of the applicant organization to carry out the proposed project.
- Demonstrates that project staff have the training, experience, and competencies to carry out the project.
- Describes approaches to outreach, collaboration, communication, information sharing and efforts to involve communities.
- Provides information in [Attachments 5](#) and [Attachment 6](#) to demonstrate organizational capacity.

Criterion 5: Support requested

10 points

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

The panel will review the application to determine :

- How reasonable the proposed budget is for each budget year of the period of performance is reasonable, supportive of the project goal and requirements, and includes at least 50 percent for [participant/trainee support costs](#). Include the number of trainees you propose to support for each budget year.
- How sufficient the time is for key staff to spend on the project to achieve the objectives. The PD has devoted at least 20 percent of their time.
- How reasonable are the costs outlined in the budget and required resources sections, and how well they align with the project's scope.

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

Risk review

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

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

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

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

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

Selection process

When making funding decisions, we consider:

- The available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.

- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities, funding preferences, and special considerations.

We may:

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

Funding priorities

This program includes a funding priority imposed by Section 756(d) of the Public Health Service Act. A funding priority adds points to merit review scores if HRSA staff determine that the application meets the criteria below. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1 (5 Points): Programs that have demonstrated the ability to train psychology professionals to work in integrated care settings.

To be considered for the funding priority, submit any information and/or data evidence that you have trained psychology professionals to work in integrated care in [Attachment 8](#). The training in integrated care should take place as part of the health service psychology training program(s) you are applying for GPE funding to support. Only graduates of the health service psychology training program(s) you are applying for GPE funding to support should be included in the calculation for the high rate qualification. If you are applying to support more than one psychology training level (i.e., doctoral student, intern and/or postdoctoral residents) the priority can be met through providing data about graduates of one level or a combination.

HRSA staff will review the funding priority submission and report the results to the peer review committee.

Applications that meet the criteria for the priority will have an additional 5 points added to the final score assigned by the peer 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 a funding preference imposed by 42 U.S.C. § 295j (Section 791 of the Public Health Service Act) for both new and existing programs that demonstrate the ability to place program graduates in medically underserved communities (MUCs). If we determine 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.

A funding preference that is requested and met will only be applied to a qualified application ranked above the 20th percentile of proposals that have been recommended for approval by the objective review committee.

Preference shall be given to applicants with projects that meet at least one of the following. While you can apply and qualify for more than one funding preference, you can only be awarded one funding preference

Qualification 1: High Rate

You can request funding preference if you have a high rate for placing [graduates](#) in practice settings having the principal focus of serving residents of MUCs. To qualify for 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.

Only graduates of the health service psychology training program(s) you are applying for GPE funding to support should be included in the calculation for the high rate qualification. If you are applying to support more than one psychology training level (i.e., doctoral student, intern and/or postdoctoral residents) the preference can be met through training in one level or a combination.

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

Table: Funding preference Qualification 1

Graduate	Practice Settings Address	Use Find Shortage Areas to document the federal designation(s) used to determine graduate's practice in medically underserved communities . Only documentation from this link will be accepted. (Indicate Federal Designations for Graduate Practice) • Health Professional Shortage Area • Mental Health and/or Primary Care only • Medically Underserved Area • Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA		
1				
2				
3				
High-Rate Formula:				
	# of graduates in AY 2022 to 2023 Employed in MUCs	+	# of graduates in AY 2023 to 2024 Employed in MUCs	
=	-----		-----	X 100
	Total # of Graduates in AY 2022 to 2023	+	Total # of Graduates in AY 2023 to 2024	

Qualification 2: Significant Increase

During the 2-year period preceding the fiscal year for which such an award is sought, you must have achieved a significant increase in the rate of placing [graduates](#) in medically underserved communities.

You can request funding preference for a significant increase if you can demonstrate a 25 percent increase of placing graduates in medically underserved communities from AY 2022-2023 and AY 2023-2024.

Only graduates of the health service psychology training program(s) you are applying for GPE funding to support should be included in the calculation for the significant

increase qualification. If you are applying to support more than one psychology training level (i.e., doctoral student, intern and/or postdoctoral residents) the priority can be met through training in one level or a combination.

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

Table: Funding preference Qualification 2

Graduate	Practice Settings Address	Use Find Shortage Areas to document the federal designation(s) used to determine graduate's practice in medically underserved communities. Only documentation from this link will be accepted. (Indicate Federal Designations for Graduate Practice) • Health Professional Shortage Area • Mental Health and/or Primary Care only • Medically Underserved Area • Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA		
1				
2				
3				
Significant Increase Formula:				
	# of graduates in AY 2023 to 2024 Employed in MUCs		# of graduates in AY 2022 to 2023 Employed in MUCs	
(	-----	-	-----	) X 100
	Total # of Graduates in AY 2023 to 2024		Total # of Graduates in AY 2022 to 2023	

Qualification 3: New Program

Qualification 3 is a pathway that permits new programs to compete equitably for a preference under this section. New programs that meet at least four of the following criteria qualify for a funding preference.

You qualify as a New Program if your program has graduated less than three classes.

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

- The training organization’s mission statement includes preparing health professionals to serve underserved populations.
- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
- Substantial clinical training in MUCs is required under the program.
- A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
- The entire program or a substantial portion of the program is physically located in a MUC.
- Student assistance, which is linked to service in MUCs following graduation, is available to students through the program.
- The program provides a placement mechanism for helping graduates find positions in MUCs.

Other considerations

As required by Section 756(c) of the PHS Act, “at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.”

HRSA staff will make this determination. No additional information is required of applicants.

To achieve the distribution of awards as stated, HRSA may need to fund out of rank order.

Award notices

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

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



Step 5:

Submit Your Application

In this step

Application submission and deadlines	46
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Application submission and deadlines

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

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

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

Deadlines

You must submit your application by January 21, 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](#).

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Other submissions

Intergovernmental review

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

Application checklist

Make sure that you have everything you need to apply:

Form	See instructions	Included in page limit?
☐ Project Abstract Summary	Project abstract	No
☐ Research and Related Other Project Information	Project narrative	Only the attached project narrative
☐ Research and Related Budget	Budget and budget narrative	Only the attached budget justification
☐ Attachments		
Include:		
☐ 1: Accreditation documentation		
☐ 2: Student commitment letter		
☐ 3: Experiential training sites documentation		
☐ 4: Letters of agreement, memoranda of understanding, and contracts		
☐ 5: Project organizational chart		
☐ 6: Staffing plan and job descriptions		
☐ 7: Maintenance of effort documentation		
☐ 8: Funding preference and/or priority documentation		
☐ 9- Letters of support		
☐ 10-15- Other relevant documentsIf you have additional material to submit, such as explanations of mandatory disclosures, you can use this form.	Attachments	Yes
☐ SF-424 R & R (Application for Federal Assistance)	Form instructions	No

Form	See instructions	Included in page limit?
☐ Standardized Work Plan (SWP)	Project narrative, high-level work plan Form instructions	No
☐ Research and Related Senior/Key Person Profile (Expanded)	Project narrative, organizational information Form instructions	No
☐ R & R Subaward Budget Attachment(s)	Form instructions	Yes
☐ Project/Performance Site Locations(s)	Form instructions	Yes
☐ Disclosure of Lobbying Activities (SF-LLL)	Form instructions	No
☐ BHW Program Specific Data Form (B) [V1.0]	Form instructions	No

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



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [50](#)

Post-award requirements and administration

Administrative and national policy requirements

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

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

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.

Reporting

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

You must also follow these program-specific reporting requirements:

- We will require a Performance Report annually via the Electronic Handbooks (EHBs).
- All HRSA recipients must collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRMA) and the Foundations for Evidence-Based Policymaking Act of 2018.
- The Annual Performance Report (APR) collects data on all academic year activities from July 1 to June 30. It is due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the grant, HRSA may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 90 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).
- Submitting a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated in EHBs and allows recipients to document progress on activities based on the information submitted in the SWP.
- The Final Report includes the following sections:
 - Project Objectives and Accomplishments: Description of major accomplishments on project objectives.
 - Project Barriers and Resolutions: Description of barriers/problems that impeded project's ability to implement the approved plan.
 - Summary Information: Project overview, project impact, prospects for continuing the project and/or replicating this project elsewhere, publications

produced through this grant activity, changes to the objectives from the initially approved grant.



Contacts and Support

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Agency contacts

Program and eligibility

Peter McPherson

Public Health Analyst

Division of Nursing and Public Health

Bureau of Health Workforce

Health Resources and Services Administration

Email your questions to: GPE25@hrsa.gov

Call: 301-435-7591

Financial and budget

William Weisenberg

Grants Management Specialist

Division of Grants Management Operations

Health Resources and Services Administration

Email your questions to: [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

Call: 301-443-8056

HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the [Grants.gov Knowledge Base](#), or email support@grants.gov. 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

Community-based partners: Includes hospitals, crisis centers, state and local health departments, emergency departments, faith-based organizations, first responders, and judicial systems and others.

Diverse: As related to participation in the institutions' programs, individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations. See PHS Act section 756(b)(2)

Experiential Training Sites: Sites that offer program trainees direct patient or client training in behavioral health and undertake the following: Improves behavioral health and primary care integration at site, allows for the trainee to participate in interprofessional team-based care with two or more health disciplines, and focuses on populations in high need and high demand areas.

Graduate: For the purposes of this funding opportunity, graduates are doctoral and/or post-doctoral degree holders.

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, SUD, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. These entities receive a Federal award under Section 330 of the Public Health Service Act, as amended, including sections (e), (g), (h) and (i), section 330 subrecipients, and organizations designed as look-alikes.

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

Health Service Psychology: Includes clinical psychology, counseling, and school psychology, or a combination thereof.

High Need and High Demand Area: For purposes of this NOFO, high need and high demand areas are identified as the following:

- County location has less than 10 licensed psychologists per 100,000 population as documented in [CWS Data Tool](#)
- Mental Health Professional Shortage Area (HPSAs) or that are 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](#).

Opioid Use Disorder (OUD): Opioid misuse leading to clinically significant impairment or distress occurring within a 12-month 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: individuals who are 16 to 24 years old, falling in between older adolescence (15 to 16) and young adulthood (24 to 26)

For any additional definitions not listed, please refer to the [BHW Glossary](#).

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. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report> ↑
2. Centers for Disease Control and Prevention Vital Statistics Rapid release - Provisional drug overdose data. (2024). Accessed May 29 2024. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> ↑
3. 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> ↑
4. Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report> ↑
5. Health Resources and Services Administration. Health Workforce Shortage Areas [Dashboard]. U.S. Department of Health and Human Services. Published 2024. <https://data.hrsa.gov/topics/health-workforce/shortage-areas> ↑
6. United States Government Accountability Office. Behavioral Health. Available Workforce Information and Federal Actions to Help Recruit and Retain Providers. Available at <https://www.gao.gov/assets/gao-23-105250.pdf> ↑
7. U.S. Department of Health and Human Services (HHS). (2024). Telehealth for behavioral health care. <https://telehealth.hhs.gov/providers/telehealth-for-behavioral-health/getting-started/> ↑
8. Baum, N., King, J. (2020). The Behavioral Health Workforce in Rural America: Developing a National Recruitment Strategy. <https://www.behavioralhealthworkforce.org/wp-content/uploads/2020/02/Recruitment-and-Retention-of-BH-Providers-Full-Report-2.2020.pdf> ↑
9. U.S. Health Resources & Services Administration. (2023). *Behavioral health workforce brief: Key trends and issues*. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf> ↑